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CLINICAL STUDIES OF INEBRIETY.

TREATMENT BY LEGAL MEANS.

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The State of Massachusetts, in 1879, punished by fines and imprisonment seventeen thousand five hundred and seventy inebriates. Of this number, three thousand four hundred and fifty were convicted of various crimes against persons and property. The punishment inflicted varied from five days' to sixteen years' imprisonment; and the fines imposed ranged from one cent to one hundred dollars. Of the three thousand four hundred and fifty who were convicted of crimes, two thousand and ninety-seven were intoxicated at the time of the commission of the crime, or literally suffering from the toxic action of alcohol, in which the brain is influenced by all forms of delusion, hallucination, and delirium, being therefore in an unsound state of mind. The control of the organism by the brain centres is lost, and diseased impulse takes the place of reason; hence, the want of responsibility for consequences of bad acts. If the three thousand four hundred and fifty sentenced for crime were literal criminals, and inebriety only a complication, the remainder punished were fourteen thousand one hundred and twenty inebriates suffering from no other affection.

These were inebriates, and the State, to care for and prevent any farther extension of the disorder, sends them to jail, or levies from them a certain

sum of money under the name of fines. This is based on the theory that inebriety is a vicious element under the control of the patient at all times: a disposition to sin which he makes no effort to check, but from which punishment in jails and loss by fines will enable him to hold this vice in abeyance. Wounding his pride and arousing a sense of fear and alarm, are supposed to act in breaking up all desire for drink. It is assumed by the State that the influences of society and friends are powerless, and that love and persuasion must give way to the strong arm of the law, which will, by force, bring about what is impossible by other means. Thus Massachusetts in one year fined and imprisoned over fourteen thousand inebriates, in the hope of curing and lessening inebriety.

In New York State, in one year, over fifty thousand convictions for inebriety are recorded, and so on in like proportion in all cities and states in the Union. This is evident in the results. Inebriety, pauperism, insanity, and the criminal classes, are steadily increasing. The number of commitments for inebriety is also increasing. The demand for jails, almshouses, and insane hospitals is greater now than ever before. Such institutions are crowded. This fact is startling, coming from the statistics of every jail and prison, that from ninety-eight to one hundred per cent. of all commitments for inebriety the first time, return under similar commitments and become repeated until sent either to insane hospitals, or to die in almshouses.

The New York State Board of Charities, from an examination of the inmates of the almshouses of

the State, found that from the vicious management of these institutions, there were influences which made more paupers than all the other conditions combined. Also, that the State's efforts to control or check pauperism were actually developing this class, and making them more and more incurable.

The same thing is true in the treatment of inebriety by legal means. The State of Massachusetts, with all her intelligence, is every year actually building up insanity, pauperism, criminality, and conditions of incurability, from the commitment and punishment of this vast army of inebriates. If these fourteen thousand inebriates were committed for the first time in Massachusetts, the lowest statistics indicate that ninety-six per cent. would be returned for the same offense over and over again, developing into an army of incurables that are a burden to society and State. Confinement in jails or prisons removes the inebriate from alcohol, but places him in surroundings of physical and mental degeneration from which recovery rarely follows. This is upon the same principle as removal of typhoid cases to small-pox hospitals, or treating insanity by sending patients to the hall of the stock board in Wall street, New York. Every case of inebriety is suffering from a low form of nerve debility and general impairment of all the organic functions. The brain is starved from defective nutrition, alcohol has broken up the healthy action of the nerve centres, and conditions of profound degeneration of both mind and body are present. The treatment by the State may be summarized as follows:

1. In jails and prisons, the nutrition is defective, and though the food is abundant, it is poor in quality and variety, and not being adapted to diseased persons, cannot build up healthy brain or nerve tissue. Prison diet always leaves a low state of nutrition, and opens the door for many diseases.

2. The ventilation is always wanting, and the absence of open air, proper exercise, sunlight, etc., all lower the tone and vigor of the organism.

3. The depressing influence of confinement in narrow, dark rooms, and surroundings that repel every instinct of faith and hope, destroys the central factor upon which recovery depends. The physical influence from the wounded pride merging into despair, and the enforced association with the lowest grades of humanity, leaves an impression more or less permanent.

In jails where inebriates are confined for short terms, the inmates are allowed free intercourse.

The results from this contact, are familiarity with the most degrading influences and the sympathy of a class that are outlaws to all that is good and true. In the penal methods of treating inebriates, not a single redeeming feature appears, except the withdrawal of alcoholic spirits. Every other appliance to build up and strengthen the patient to be well and temperate, is wanting. All medical means, all physical influences, and all help from surroundings and conditions, being wanting, they are replaced by the worst possible combinations of exciting and predisposing causes, forming a low chronic state that is incurable.

Of all methods (leaving out the disputed questions) the punishment of inebriates in jails is the most inhuman and unscientific, the effects of which are neither penal, educational, medical, hygienic, moral, nor economic. Hence, every inebriate who serves a term of imprisonment is removed farther from the possibility of recovery.

From the economic standpoint, the penal treatment of inebriates is a most extravagant and vicious system of legislation.

The true remedy is this: Build special work-houses, hospitals, remote from large cities and towns; the revenue to be obtained from the license fund. Then, when a man is declared to be an habitual inebriate, send him to these places, as the insane are sent to asylums. Make restraint from alcohol absolute; and furnish him work that will be a source of revenue to the institution and himself. Have in such places all the means to meet the varied complex symptoms of his case.

All appliances of science, church and state, should be used, which shall build up a healthy body and mind, and keep the inebriate from being a burden to his friends or the State.

This can be done with more ease and certainty than the Albany Penitentiary, which makes thirty or forty thousand dollars yearly above expenses from about one thousand inmates of the worst classes, who are on short sentences, and work only at boot and chair-making.

Other penal institutions, in their financial success, prove the fact that work-houses for inebriates, whose terms are long and who are not treated as outlaws, but as members of a community, can not only be successful, but will restore a large number of its inmates to health and society. Of all classes that society is called on to control by law, the inebriate, as a rule, is more capable of being self-supporting, and formed into work-house communities for care and treatment. Many of the inebriates who now suffer in jails are incurable, but in work-house hospitals they could be quaran-

ted from society, and under the direction of proper managers, be made self-supporting, if nothing more—an inestimable gain to their friends, society and the State.

Others of this class are curable from the application of exact means to meet such cases, and may be returned to society and the world useful and honorable citizens. It is a question not of financial management or proper laws alone, but the adaptation of means which shall build up the debilitated mind and body of the patient—a system of treatment in which all the surroundings and influences controlling the inebriate may be under the direction of a scientific hand.

Laws are essential to enforce the dictates of science, and good management to increase the efficiency of the work. This treatment will not only diminish inebriety by lessening the number of incurables and preventing contagion from this class, but it will do more than all other combined efforts to educate society to avoid the causes of inebriety, and the means of reaching this evil at its fountain head. This will be apparent from a general outline of the workings of such an institution.

The building should be located in the country, built from funds derived from a tax on the sale of liquor, and to accommodate from one to two hundred patients. A large farm should be attached, upon which all the various operations of farming and stock-raising may be conducted by the inmates; also workshops, where various mechanical labors may be carried on. The inmates to be placed under a semi-military discipline, in which all the surroundings and habits of life are regulated with great exactness.

Every patient should be treated medically, and by the Turkish baths, electricity, and all other appliances known to science, to build up the debilitated nervous system. Excellent food, pleasant rooms, and the salutary influences of libraries, papers, lectures, concerts, and religious services, should be had. Regular employment, not exhaustive, on farm or in workshop, particularly that kind which is remunerative and congenial to the patient, would be important curative factors.

Here, removed from all temptations, with the quiet and regularity of these surroundings, and where the above-mentioned agencies are used, permanent cures should be the rule.

These institutions, by requiring their inmates to pay reasonable charges for board, should be self-supporting, particularly when the patients receive compensation depending upon their skill and energy.

Thus, after a few months' treatment, the patient

recovers much of his physical and muscular vigor, and is able to do as much as he did in health. In this way the employment serves the double purpose of strengthening and hastening a restoration of the nervous system, and giving physical vitality to all the organs, in the independence of being self-supporting. This practical character of such institutions is supported by evidence from all jails, hospitals, and reformatories in the country, and from the observation and experience of physicians who have treated inebriates.

The practicability of utilizing labor and energy of this class, in making them self-sustaining, admits of no reasonable doubt. The result is only a question of the facilities and surroundings. As a matter of fact, the State of Massachusetts, in the conviction and punishment of fourteen thousand inebriates, expended three hundred thousand dollars, and increased the burden of the tax payers, with no result except to perpetuate the very evils those means were intended to correct. Had these inebriates been confined in work-house hospitals, this large amount would have been saved, besides a great loss to their friends and the communities in which they resided, by changing a multitude of non-producers and persons dangerous to society, to a condition of self-supporters and orderly citizens. The criminal class should be made to sustain itself. A large portion of insane persons, and the still larger number of inebriates, paupers and vagrants, who fix themselves upon society like parasites, should be made self-supporting; and the reality of this will be confirmed from a wider and fuller comprehension of this subject. A mere restraint from alcohol without other means cannot cure inebriety; because the disorder is generally a result of many causes, of which alcohol is only one, and in a large number of cases is only a symptom. But any system of treatment that does not include restraint from alcohol will be imperfect, and produce unsatisfactory results. The State treatment which affords only one curative factor, namely, restraint from spirits, must always fail. To this must be added all the appliances and means of a home, asylum, or institution with exact care and treatment. The combination of such means carried out scientifically with a proper degree of discriminating as to class, sex, age, and condition of the patient, success would be the rule, failure the exception.

The inebriate should be regarded an object of public care, where he does not provide for his own interest and neglects all ordinary duties. Most inebriates who are arrested at this day, belong to

a low chronic class, and have squandered their property, distressed their families and friends, and violated good order and decency by becoming publicly intoxicated. These were arrested because of their continuous excessive use of alcohol, with stupor and delirium, which renders them public nuisances. Most of these unfortunates are unconscious of the nature and character of their acts. The desire for spirits has waxed into a diseased impulse, which has perverted all healthy functions of body and mind. All appeals to their reason, pride, and reputation are useless; however sincere and earnest they may be to respond, the functional activities being too weak to enable them to do so. The mind and sufficient will power to desist can be reached only through the organism, by restoring gradually a normal activity of the brain and the nervous system; and all methods and means which produce this result, are in a line to permanent recovery. Inebriety, like insanity, is a peculiar disorder of the great nerve centres, with diverse complex symptoms, which can only be reached by special adaptations to the organism and its functions.

A common illustration to be seen in almost any community will still more strongly confirm the folly of penal treatment. John Doe, born of healthy parents, and brought up on a farm, became a robust, vigorous boy. At sixteen he was attacked severely by typhoid fever. From this he never fully recovered, and afterwards suffered general debility and much weakness from a feeling of over-exertion. He became a grocery clerk, and at twenty drank to intoxication, at long intervals. At this time acquiring a large property by inheritance, he ceased all attention to business, traveled about, drank freely, and lived mostly a retired life, avoiding fast associates, and generally excluding himself from fast society. In a few years he was a bankrupt, and later being convicted of drunkenness, he was sentenced to jail, for ninety days. Having served out his term of punishment, having lost all pride and ambition to do any good thing, he associated with low characters, and sought to gratify the basest impulses of his nature. Within the next six years, he was convicted eight times and sent to jail. When attacked with a violent form of acute rheumatism, he was taken to almshouse and died.

Robert H. was born of neurotic parents, was sensitive and nervous during childhood, and attaining manhood studied for the ministry. After a disappointment in love, he began to drink; gave up his studies, and became a book-agent. At the age of twenty-four, he was sent to jail for

drunkenness and breaking the peace. When released from jail, he began a career of petty thieving and drunkenness, with acquaintances formed when in prison. In the next ten years, he was convicted fourteen times for petty larceny and intoxication, was committed to prison, and served out each term. He died from injuries received while in a condition of intoxication.

Carlos B. was of unknown parentage, a healthy and temperate machinist, and highly esteemed by his acquaintances. After a long course of beer-drinking, he became intoxicated, and destroyed some property; was convicted and imprisoned. After being discharged, he became a bar-keeper and gambler, and associated much with a criminal class. He was sent to jail frequently for drunkenness and violation of the law, and finally was sentenced to imprisonment for life, as an accessory to a murder.

Oscar V., a Swede, with no ancestral history, was temperate, and a musician of skill. After an attack of small-pox, he began to drink. He signed a pledge, attempted many times to reform, but as often relapsed. In one of these relapses he committed crime; he was sent to jail for thirty days. When released at the end of his term, he associated with the lowest class of persons, and drank steadily without any effort at reforming. About every three months afterward he was often imprisoned for drunkenness, during a period of several years, when all traces of him were lost.

These are familiar cases in police practice and to jailors, and are convincing protests against the folly of checking inebriety by such means. The physician should be an educator, and teach the public how to adapt curative means to reach drunkenness; then legislation would be practical, and this disease would be curable as any other. No progress can be expected in legal methods until they are founded on an exact knowledge of the disorder and its remedies.

A NEW REMEDY FOR THE VOMITING OF PREGNANCY.

BY T. C. WALLACE, M. D.,

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I know of nothing in the whole range of practice so discouraging to the physician, so unsatisfactory to the wretched patient, and so calculated to cause distrust in the resources of our profession, as a case of the severe and protracted vomiting which so often attends the parturient state. Prof. Horwitz, in speaking of the treatment of this disorder, aptly remarks: "The legion of drugs for this disorder is the best proof of their

utter worthlessness." For the past four years I have used for this complaint a simple remedy, which has uniformly given me great satisfaction, having always found it a *beneficial* and *generally* a *sufficient* remedy. It is the quickly-roasted grain of a species of Indian corn, too well known as pop-corn to need any description. It should be popped in a wire popper, not (as is sometimes done) in a spider with grease; should be white and light, sprinkled with a little salt, and eaten freely. I might state many cases in which this simple remedy has "acted like a charm" in this disorder, but will content myself with the relation of the following one:

On the 8th of January, I was called to visit a lady advanced a little over three months in her first pregnancy, who had suffered from almost constant nausea and uncontrollable vomiting from the time of her conception. I found her in bed, to which she had been confined for more than four weeks, pale, languid, depressed in spirits, pulse 120, feeble, and so prostrated as to be unable to raise her head from the pillow. For the past sixteen days her stomach had absolutely refused to retain anything; everything—food, medicine, even a swallow of water, being instantly rejected. During the past six days, absolutely nothing had been taken into her stomach; all nourishment and medicines having been administered per rectum. Even then she had constant nausea, almost continuous violent retching, and frequent vomiting of bilious matter. For a long time she had been under the care of a respectable practitioner, who had faithfully tried nearly all the usual remedies (?) for this complaint. Fowler's solution, oxalate of cerium, bismuth, ingluvin, "*et id omne genus*," had been given internally. Cope-man's method of dilatation, nitrate of silver in substance and in saturated solution, had been applied to the os and cervix. Sinapisms, hypodermics of morphia, ether spray to the epigastrium and spine, injections of bromide potass. in beef tea, and I cannot remember what else, had all been faithfully and unavailingly used. Some pop-corn was immediately prepared, a little salt sprinkled thereon, and of which she ate a large saucerful. At my call next day, found she had passed a quiet night, without nausea or vomiting, and had eaten very freely of the pop-corn. She has had no further trouble. January 25, as I was passing her house, I saw her at the door. She informed me that since my first visit she has vomited but once, and then but slightly. Sometimes has slight nausea, which is always relieved by eating some pop-corn.

The remedy is so simple, so easily procurable, so utterly harmless, and with me has always proved so efficacious, that I publish this in the REPORTER, confident that my professional brethren will find it singularly efficacious in the relief of this most distressing disorder.

CALIFORNIA AS A HEALTH RESORT.

BY J. S. ADAMS, M. D.,
Of Oakland, California.

California, as a health resort, has attracted for the last twenty-five years more or less attention from the general public, and especially that portion who have visited the State in search of health; and that she justly deserves the reputation of being second to none, is an established fact, and fully capable of demonstration by any one who is acquainted with her great resources of climate.

Having come to this coast twenty years ago an invalid, and being fully restored to health, I wish to hint to the members of the profession in the East, who have not had an opportunity to know personally, some of the most desirable locations where invalids may come with the greatest hope of benefit.

After visiting many of the health resorts of Europe and America, I feel warranted in saying that for healthfulness of climate, California cannot be excelled. Not only is climate, but comfort and attractiveness, essential to the invalid; and while the first is of utmost importance, the others are valuable aids to recovery.

The health resorts of Europe have their disadvantages, such as periodical cold and sweeping winds, local malaria, foreign language, customs, and accommodations, which, as a rule, are inferior to those of America.

Florida, with its attractions, has a humid atmosphere, and more or less malaria.

Colorado, with some advantages, has extremes of temperature and severe winters.

California, on the other hand, occupying, as it does, an area of country lying between 32° and 42° north latitude, and extending from the Sierra Nevada mountains to the Pacific Ocean, presents the greatest variety of scenery and climate.

Within these limits you may find the semitropics of the South, or the eternal snows of the northern Sierras. Here is the greatest variety of altitude and temperature. Along the ocean, the land gently rises from the level of the sea to the summits of the coast ranges, an altitude of from two to four thousand feet.

From San Francisco to San Diego there are de-

lightful resorts to which thousands of invalids come in search of health. During the summer, the trade winds from the southwest, mingle with the Arctic currents, while in winter, the warm currents of air, direct from the tropics, give an evenness of temperature, and a bracing character to the climate, especially along the coast, which is unexcelled, if equaled, on the globe.

The mountain climate for those who have disease of the lungs is delightful in summer, and the altitude generally most beneficial is from one to four thousand feet; of course depending upon the condition of the patient and accommodations offered.

Along the Sierras there are numerous places of resort, but those easiest of access by the invalid are along the line of the Central Pacific railroad, from Auburn, with an elevation of fifteen hundred feet, to Lake Tahoe, which is six thousand feet above the ocean level. At most towns along this route comfortable accommodations can be obtained.

Along the coast range of mountains, from Santa Barbara on the south to San Francisco on the north, the climate is delightful, and generally more even than that of the Sierras, on account of the more or less direct influence of the ocean breezes.

Here I wish to emphasize the remark that, *persons with organic disease of the lungs in an advanced stage should always remain at home, where they can have the loving attention of family and friends.*

I have had many call upon me for advice who were sent to the coast with consumption and beyond recovery, asking the best course to pursue. My invariable reply to those cases is, "If you wish to die among your friends, you will do well to return at once."

The mineral springs of California are *legion*, and many of them upon analysis compare favorably with any of those in the East or Europe; but of these I propose to speak at some length on another occasion.

One object at the present time is to call attention especially to the advantages of some locations on this coast as a winter resort for Eastern invalids. There is a multitude of people in the East who are suffering from bronchial difficulties, incipient consumptions either hereditary or acquired, and nervous exhaustion from over-work and various other causes, who dread a long, cold, and changeable winter. To those I would say, we have a climate and resorts superior to most and second to none in the world.

The coast from San Francisco to San Diego, in

winter is fanned by breezes coming from the tropics, beautifully tempered and richly laden with the elements necessary for increased vigor and returning health.

It is generally conceded that an even and proper temperature, good diet, pleasant surroundings, and the comforts of a home, are the sine qua non for both the invalid and pleasure-seeker.

Below will be found a carefully prepared table of the mean temperature for a series of years of various places of resort, which is worthy of examination and careful study:

PLACE.	JAN.	JULY.	DIFF.	LATITUDE.	
	degs.	degs.	degs.	degs.	min.
Monterey. . . .	52	58	6	36	36
Santa Cruz. . .	52	61	9	37	00
San Francisco. .	49	57	8	37	48
Los Angeles. . .	55	67	12	34	04
Santa Barbara. .	56	66	10	34	24
San Diego. . . .	57	65	8	32	41
Santa Monica. .	58	65	7	34	00
Sacramento. . .	45	73	28	38	34
Stockton. . . .	49	72	23	37	56
Vallejo.	48	67	19	38	05
Fort Yuma. . . .	56	92	36	32	43
Cincinnati. . . .	30	74	44	39	06
New York. . . .	31	77	46	40	37
New Orleans. . .	55	82	27	29	57
Naples.	46	76	30	40	52
Honolulu. . . .	71	77	6	21	16
Funchal.	60	70	10	32	38
Mentone.	40	73	33	43	71
Genoa.	46	77	31	44	24
City of Mexico. .	52	63	11	19	26
Jacksonville. . .	58	80	22	30	50
St. Augustine. .	59	77	18	30	05

While it will be seen that Monterey, Santa Cruz, Santa Barbara, Santa Monica, San Diego and Los Angeles are the most desirable of the many Pacific coast resorts, for a locality combining all the requisites before mentioned, I consider that Monterey stands at the head of the list. It is delightfully situated at the south-easterly extremity of Monterey Bay, about one hundred and twenty-five miles South of San Francisco, and connected with it by the Southern Pacific Railroad, which passes through some of the most fertile and beautiful valleys in the State. Here there is security from cold winds and excessive mid-day heat.

Contrary to the generally conceived opinion that we have an almost continuous rainfall in the winter, this season is more like the eastern spring weather in May and June, and during the rainy season, or winter months, we have more sunny days than any other portion of the United States.

At Monterey, the diversified scenery of bay,

forest, and mountains, the beautiful drives through groves of pine, oak, and cypress, and along the ocean beach, are sources of interest to the visitor, while the clear water of the bay and white sandy beach invite those who are fond of sea-bathing.

HOSPITAL REPORTS.

EYE CLINIC AT THE MICHIGAN COLLEGE OF MEDICINE, DETROIT.

BY C. J. LUNDY, A. M., M. D.,

Professor of Diseases of the Eye, Ear and Throat.*

Case 1. Gummy Tumor of Iris, with Iritis.

The first patient is Miss Blank, æt. 24. Some days ago she came to consult me regarding a painful affection of the eye, which had become inflamed four or five days previously. I first saw this patient about six months ago, at which time she came to consult me regarding a throat affection, which proved to be syphilitic. She denied having contracted syphilis, at least in the usual manner, and examination did not reveal any evidence that it was so contracted. Upon the lip, however, I discovered a suspicious-looking, swollen, indurated spot about as large as a silver quarter. This, she informed me, had been a "cold sore" which did not heal for more than two months, notwithstanding that it had been locally treated by a physician most of the time. Whether the real nature of the sore was known to the physician, I am unable to say.

Upon interrogation, I learned that this young woman had a lover who was in the habit of kissing her, and that this lover had a suspicious-looking eruption upon his face.

Now, what bearing has this bit of history upon the case? Just this: In my opinion this patient contracted syphilis from her lover, and that the so-called "cold sore" upon the lip was the initial lesion which led to her constitutional disease. Although primary syphilitic sores are not frequent upon the lips, yet they are occasionally observed. Whether the sore upon the patient's lip was truly a hard chancre, is a question which I am unable to decide, for it had healed when I first saw her.

Some time since there was some discussion as to whether a secondary syphilitic sore produced a secondary sore or a chancre. I presume the sore upon the lip of the girl's lover—the sore whence came the virus which poisoned her system—was a secondary sore.

Under treatment her throat affection got well, the mucous patches and superficial ulcers healed, and all signs of active syphilis disappeared. The disease was not cured, however, and of this she was fully warned. She disappeared, and I did not see her again till four or five days ago. So much for her history. She now tells us that her left eye is very painful, and that for several nights the pain has prevented sleep. This pain is not confined to the eye, but involves the supra-orbital region and temple of the left side. The side of

the nose, and even the cheek, are also more or less painful. In a word, the pain follows mainly the branches of the ophthalmic division of the fifth nerve. She also tells us that her vision in this eye is greatly impaired, and that exposure to light increases her suffering. These are mainly the subjective symptoms.

What are the objective signs? As you examine the eye, you will observe that there is much ciliary congestion; that the pupil is irregular instead of being round; that it does not respond to light, and that it is in part filled with a large, brownish nodule, which seems to have small spots of hemorrhage or intensely congested vessels upon its surface.

You will also observe the copious flow of tears, and the manner in which the patient shrinks from the light. You will also observe that there is no discharge from the eye except the tears; and this absence of discharge, with the acuteness and character of the symptoms, removes the possibility of your mistaking this for a conjunctival inflammation, as is so often done in similar cases. What, then, is the eye trouble of which this patient complains? I hear from several, "iritis." Yes, it is a case of iritis, and it bears a very close relation to her constitutional disease. In other words, this is a case of so-called syphilitic iritis, although it does not differ, in most respects, except in causation, from other cases of plastic iritis. The nodule which you have seen upon the iris and partially filling the pupil, is a gumma. Now, many authors tell us that you cannot distinguish iritis due to syphilis from other cases of iritis. That is so in the vast majority of cases, but I do not hesitate to state that, occasionally, we meet cases like the one before us, where the diagnosis of syphilitic iritis can be made from the eye appearances alone.

This gummy tumor in this girl's iris, like similar tumors in other localities, is composed largely of cellular elements and nuclei. If no treatment is instituted, the eye is liable to be permanently and seriously injured, while under appropriate treatment the gumma will soon disappear. In this case atrophic changes have already begun, and in the course of ten days, or even less, you will be unable to detect any evidence of it. By some authors we are told that gummy tumors of the iris occur very early, even before the chancre, or primary sore, has had time to heal. Others tell us that they occur only in tertiary syphilis. So far as my observation goes, neither of these views is correct.

It is now about ten months since this young woman contracted syphilis. Therefore, this eye trouble is not an early secondary lesion. In fact, it never is. All of the cases of gummy tumor of the iris which have come under my observation have occurred between the sixth and twelfth months after the appearance of chancre. In a word, they occur about the same time that syphilitic iritis generally occurs—neither very early nor very late. In our patient's case, the prognosis is good so far as the inflammatory action is concerned, but there exists between the iris and the lens capsule an adhesion which cannot be broken up by any mydriatic at our command. These adhesions, or synechiae, as they are technically called, are some of the bad results of iritis.

*Reported Phonographically by John R. Arnold.

The local treatment of this case of iritis need not differ materially from that which would be appropriate in plastic iritis due to some other cause. The eye should be protected from light by means of a small dark patch, and the sound eye should be covered by a colored glass, for the light which falls upon the sound eye irritates the diseased one. Atropia sulphate gr. iv ad $\frac{3}{4}$ j, or stronger, should be instilled into the eye four to six times a day. This is done for a two-fold purpose: First, to dilate the pupil as fully and as quickly as possible in order to prevent the formation of posterior synechia, or to break up (if possible) the synechia which have already formed. Second, to place the eye at rest, and limit the inflammatory action. If you succeed in dilating the pupil, you place the iris in the condition least favorable for inflammatory action. If you prefer to use some other mydriatic than atropine, you may do so, but the intoxicating effects of duboisia and the feeble action of homatropine do not warrant your forsaking the old friend for the new. Besides, they possess no advantage over sulphate of atropia in the treatment of iritis. In severe cases three or four leeches applied to the temple, or the artificial leech applied to the same place, is worthy of trial. You may give anodynes to relieve pain if necessary. The constitutional treatment in our patient's case does not differ materially from that usually followed in secondary syphilis. Mercurials, either alone or combined with iodide of potassium, are here indicated. This patient has taken the proto-iodide of mercury in half grain doses after meals till this morning, when the dose was reduced to one quarter of a grain. On one or two occasions it was necessary to give an opiate to prevent the too free action of the bowels. In this way the drug would be eliminated from the system, and the constitutional effects would be slight were the action of the bowels not controlled. When syphilis attacks such a delicate organ as the eye, prompt action is necessary. Very often your patient's stomach will not tolerate free doses of the mercurials, and then inunction may be resorted to with advantage. The mixed treatment also acts well in many of these cases, especially when the iritis occurs in the late secondary stage. But whatever your plan of treatment, do not injure your patient with large doses long continued. As soon as the disease shows signs of coming under control, diminish the dose.

Case 2. Double Iritis due to Rheumatism.

Wm. J., æt. 40. This patient is also suffering from iritis, and as the two cases have many points in common, I shall now consider this one at length. This patient gives a history of several attacks of iritis in both eyes. As you examine the pupil of his right eye, you will observe it is greatly contracted, and is immovable. The pupillary margin is entirely adherent to the lens capsule, and our efforts to dilate the pupil have been futile. The appearances of the eye and the symptoms, both objective and subjective, do not differ essentially from those present in the preceding case. In the left eye of this patient there is evidence that the whole pupillary margin is not adherent, for you observe that the pupil is dilated upward. For years this patient has had occasional attacks of rheumatism, and his iritis is what is sometimes

spoken of as "rheumatic iritis." The older authors classified iritis according to its supposed cause, but this was unscientific, and now cases like this, as well as cases like the preceding one, are classed as plastic iritis. The term "plastic iritis" has the advantage of conveying to our mind some idea of the nature of the inflammation. In plastic iritis like this, the inflammatory product is mainly fibrinous in character, and is capable, under certain conditions, of becoming organized tissue by metamorphosis. When synechia remain after iritis, I think they predispose to subsequent attacks, and this may, in part, account for the frequent attacks which this patient has had.

In this man's case, the synechia has become annular in the right eye from these recurring attacks, and this leaves the eye in danger. The natural passage between the anterior and the posterior chamber is closed. The fluids of the eye, which filter through by osmosis from the back to the front of the eye, and find their exit from the anterior chamber, can no longer pursue their natural course, and as a result of this obstruction, there is a liability to increased tension or hardening of the eyeball. Should this occur, it would lead to disastrous consequences, but I cannot now take time to enumerate these or to pursue them further, however interesting they might be.

Now, what can be done for this patient? I have already told you he was of a rheumatic diathesis, and this would suggest your plan of internal treatment. In cases like this, I have usually found much benefit from the administration of the salicylate of soda in free doses. You must give it freely in order to get the desired effect. With its use patients usually recover much sooner than without it. Potassium iodide may also be administered with advantage in certain cases. This is especially so if the rheumatic patient has ever had syphilis. I have seen iritis in so many rheumatic patients, who contracted syphilis years before, that I have sometimes thought they were more liable to iritis than were others. Our local treatment does not differ essentially from that pursued in the preceding case, except that this patient needs an operation, which will be performed as soon as the inflammation subsides. I shall make an iridectomy upon this man's right eye in the near future. The object of this will be twofold. First, to establish a communication between the chambers of the eye, in order to guard against the dangers already referred to; and, second, to give him an artificial pupil for visual purposes.

Case 3. Divergent Squint Corrected by Section of the Rectus Externus and Advancement of the Rectus Internus.

The next patient is Miss M. M., æt. 28. As you examine her eye, you will observe that it turns far outward when she looks at any object in front. In normal eyes the retinal images of an object are formed upon portions of the two retinae, which correspond to each other, and thus binocular single vision results. If, however, one eye deviates outward or inward, upward or downward, the result will be a disturbance of vision and the images will be seen double instead of single. In our patient's case, rays of light reflected from an object in front do not impinge upon the cornea of the right eye at the same angle that they do upon the

left cornea. The rays enter the right cornea obliquely, and images are formed upon the temporal side of the retina; while upon the left retina images are formed in the region of the yellow spot or fovea centralis. In this case there is no proper correlation of the visual axes, and she sees objects double, for the images are not formed upon corresponding portions of the two retinæ.

However, the double images in this particular case are not very annoying, and it is not on that account she seeks relief. To some extent she has learned to "suppress" the least distinct image, viz: the one formed upon the retina of the right eye. In other words, she does not take mental cognizance of the second image. At best, her sight in the right eye is poor, and we cannot improve it. She comes to be relieved of her deformity—to get her "eyes straightened," as she puts it—and the object of treatment will be cosmetic effect, rather than improvement of vision. Strabotomy is usually the plan resorted to for the correction of squint. As you have observed in numerous cases, this procedure has corrected squint of high degrees. In this case, however, I do not think section of the external rectus would correct the divergent squint. It will be necessary to advance the internal rectus to obtain the desired result, but we will first snip the external rectus and observe the effect. As you see, the operation has not entirely corrected the outward squint, and, as predicted, it will be necessary to advance the insertion of the internus to give it greater control over inward movements of the globe. This is usually done about as follows: The lids being held apart by an eye speculum, with an ordinary fixation forceps, the conjunctiva and subconjunctival tissue, a little anterior to the insertion of the internal rectus, are seized, and with scissors section of these tissues is made, as in the first steps of a strabotomy. You observe that a narrow band of conjunctiva and subconjunctival tissue is left between the incision and the corneal margin. The tendon of the internus is now made bare, and with this strabismus hook, I now bring it well into view. While an assistant holds the muscle with the strabismus hook, I pass through its tendon behind the hook these two needles loaded with black silk. The next step is section of the tendon close to its insertion. Now I bring the cut end of the tendon forward, and stitch it to the bridge of conjunctiva, left for this purpose between the corneal margin and the incision in the conjunctiva, and for this object I employ the threads passed through the muscle previous to detaching it from the globe. I now unite the conjunctival wound by two stitches, bringing the one well below and the other above the two which unite the tendon to the bridge of conjunctiva. These last two stitches should dip deep, and embrace as much of the subconjunctival tissue as possible, and thereby prevent strain upon the muscle till it has firmly united in its new position. You now observe that the squint is entirely corrected, and that the eye no longer deviates outward.

Readjustment has been advocated as the proper method of correcting squint in all cases. This may be well in theory, but in practice the operation of strabotomy, as ordinarily performed, gives most satisfaction. The after treatment will con-

sist of the application of a light compress bandage for a couple of days to keep the eye at rest, until the parts have healed, at which time the stitches should be removed.

MEDICAL SOCIETIES.

ILLINOIS STATE BOARD OF HEALTH.

The regular annual meeting of the Illinois State Board of Health was held in the office of the Board, in the Capitol building at Springfield, the members being called to order by the president at 7 p. m., Thursday, January 11, 1883, and continued in session throughout the evening of the 11th and the 12th.

Present: John M. Gregory, Newton Bateman, W. A. Hasdell, John H. Rauch.

It was reported that since the advent of cold weather a few scattering cases of small-pox had occurred; and it was found that the victims were, in every instance, either unvaccinated or not vaccinated since infancy or childhood.

Dr. Rauch, the Secretary of the Board, reported as follows:

"There have been no cases among immigrants during the quarter—none, in fact, since the single case in the early part of June last, soon after the sanitary inspection of immigrants was begun. Strenuous efforts have been made to secure the continuance of these inspections, or, at least, their prompt resumption at the opening of the immigrant season. Among other contributions to this end, I have prepared and published a paper on the 'Immigrant Introduction of Small-pox into the United States,' in which I think is demonstrated—from the history of small-pox in Chicago during the past thirty-two years, from the consensus of statements of leading health officials concerning the origin and spread of the recent epidemic, and from the results of the operations of the Immigrant Inspection Service—

"1. That the immigrant is a prime factor in the origin and continuance of small-pox in the United States.

"2. That State and local boards of health, acting independently, cannot suppress the disease, when once introduced, so long as the influx of unprotected immigrants continues.

"3. That the immigrant inspection system, in addition to furnishing a practical mode of co-operation by the various State and local boards of health, has proved entirely adequate to the remedy of the defects arising from want of international quarantine laws, and of uniformity in the administration of our own maritime and boundary quarantines.

"A total of 115,057 immigrants were inspected in the District between June 1 and December 31, 1882. Of this number 57,302 were found to have been satisfactorily vaccinated before sailing or during the voyage, and 3,127 were found to have had small-pox—making about 53 per cent. of the total number protected. There were 28,408 of the remainder vaccinated or revaccinated after arrival and before reaching this district; and 21,618 similarly treated by the Western inspectors; leaving 4,602 unaccounted for, including those whom it was deemed inadvisable to vaccinate.

"At the close of August I made a table of the results obtained up to that time. There had then been an aggregate of 63,962 persons inspected, of whom it was found that 54 per cent. were imperfectly or entirely unprotected against small-pox on arrival; and that only 22 per cent. were vaccinated on shipboard. These figures have been changed, by the pressure and influence of the Inspection Service upon the steamship companies and their surgeons, so that, for the whole season, the percentage of 'susceptible' was reduced to 47, while the proportion of ship-vaccinations was increased to 29, in the hundred.

"This latter figure (29 per cent.) represents an actual increase of fully 42,000 vaccinations secured on shipboard by this means, during the latter, as compared with the first half of the season; and indicates the increasing value, efficiency and influence of the service, both directly and indirectly, at the time when its operations were suspended.

"As a result of the existence of the service, about 174,000 vaccinations on ship-board have been obtained among the arrivals at all ports.

"The exposure of the Boston Bellevue Medical College, and its consequent disruption, of which the members have already been advised, have been followed by some unlooked-for developments. As a result of the correspondence carried on from this office, the most convincing proof was secured that the so-called 'college' sold diplomas and degrees to individuals grossly ignorant of any medical knowledge, and either with or without attendance upon its alleged course of instruction. Its officers were arrested for using the United States mails for fraudulent purposes, and, on trial, admitted all that was charged against them, except violation of the postal laws. To this charge they pleaded that they were legally incorporated, and were empowered by the laws of Massachusetts to issue diplomas and confer degrees, without any restriction as to course of study or professional attainments. The United States Commissioner held the plea to be valid, and dismissed the case with the following remarks:

"The State has authorized this college to issue degrees, and it has been done according to legal right. * * * The law makes the faculty of the college the sole judges of eligibility of applicants for diplomas. There is no legal restriction—no legal requirement. If the faculty chooses to issue degrees to incompetent persons, the laws of Massachusetts authorize it. This is, therefore, not a scheme to defraud under the statute. The defendants are dismissed."

"Since this decision was rendered—that is, within a fortnight—the 'American University of Boston,' president Dr. Buchanan (familiar name in this connection), and the First Medical College of the American Health Society, located at Boston, have been incorporated, and Dr. Alfred Booth, the first president and one of the incorporators of the 'Boston Bellevue,' has given notice of his intention to start the 'Excelsior Medical College.'

"What Dr. Joseph Corken, one of the 'Boston Bellevue' faculty, arrested in November for procuring abortion, and charged with carrying on a wholesale business in this line under the name of the English Cottage hospitals; and Dr. C. J. Eastman, the 'dean' of the now defunct 'Belle-

vue,' alias 'Old Dr. Edwards, 18 Dover street, Boston, no-cure-no-pay-secrecy-preserved;' and Dr. Rufus King Noyes, the anti-vaccinationist, will now do, remains to be seen—probably act upon the suggestion of the *Boston Medical and Surgical Journal*, and each 'join himself with his uncle and his neighbor, who is like-minded with himself, and become incorporated under the laws of Massachusetts.' The pious ejaculation of the editor in closing his article seems entirely appropriate—'God save the Commonwealth of Massachusetts!'

The recent exposure of a barber named Lambrecht, who presented a diploma from the University of Gottingen issued to Dr. Henry A. Lüders, and who received a certificate from the Board of Health, which was subsequently revoked, makes a total of thirty-one cases of individuals who have been detected in falsely swearing to be graduates of foreign universities, their pretensions exposed, and the impostors driven from the State through the Act to Regulate the Practice of Medicine.

On the whole, the school population of Illinois is now quite well protected against small-pox.

A Proposed Sanitary Convention.

Dr. Newton Bateman, the chairman of the committee appointed at the last quarterly meeting, to prepare a uniform Sanitary Code for the guidance of local boards of health, having progressed with the work, recommended the calling of a convention of representatives of all health organizations or departments in the State of Illinois, and inviting the authorities of every village, town and city in the State, having a population of one thousand or over, and in which there is no health organization or department, to send one or more delegates to said convention.

The Committee on *Prevalent Percentable Diseases* presented a report in which it appears that of every thousand deaths in the State during the past year, it is estimated, on the basis of returns in the Secretary's office, one hundred and thirteen were due to scarlatina, diphtheria and typhoid fever, in about the following proportions: 17 from scarlatina, 45 from typhoid or enteric fever, and 51 from diphtheria. On the same basis it is estimated that 82 out of every thousand deaths were caused by cholera infantum; while nearly 250 out of every thousand deaths were of infants under one year of age, and 43 were of children under five years of age.

That this enormous mortality among children is largely preventable cannot be questioned, and your committee would, therefore, suggest the preparation of a pamphlet of instructions upon the Hygiene of Infant Life, or the sanitary care of infants and children, for widespread distribution before the advent of the summer months, which are so destructive to early life.

Dr. Haskell presented the following preamble, resolutions and memorandum, which were unanimously adopted:

NATIONAL BOARD OF HEALTH.

"WHEREAS, The act of Congress, approved June 2, 1879, by which the National Board of Health is charged with the duty of co-operating with and aiding State and local boards of health in the enforcement of their rules and regulations to prevent

the introduction of contagious and infectious diseases into the United States, and into one State from another, will expire by limitation on the 1st of June, proximo; and

"WHEREAS, The said National Board of Health has discharged this duty with so much of success, honesty of purpose and regard to economy—the specific details of its work being briefly summarized in the appended memorandum—as to conclusively demonstrate the value of a national agency for the protection of the public health; therefore, be it

"Resolved, That the Illinois State Board of Health earnestly urges upon the Senators and Representatives from this State to obtain, during the present session, the legislation necessary to secure an extension of said act, pending the creation of a permanent national health organization—such legislation to include a provision whereby the unexpended balances of the original appropriations may be reappropriated and made immediately available for the purposes of said act.

"Resolved, That the Secretary be, and he hereby is, authorized to transmit a copy of this preamble, resolutions, and appended summary to each Senator and Representative from this State."

Then followed a memorandum eulogizing the National Board. The remainder of the morning session and the entire afternoon was occupied with questions arising under the Medical Practice Act, in which the status, methods and reputability of a large number of medical colleges and practitioners were involved.

A communication was read from I. M. Browne, Medical Director U. S. N., in charge of the Museum of Hygiene, asking for contributions to the Museum. The Secretary was instructed to furnish a set of the publications of the Board.

At the evening session, after the transaction of routine business, the President announced that the election of officers was next in order, whereupon Dr. Haskell offered and moved the adoption of resolutions of thanks to the retiring officers.

In seconding the motion for the adoption of the resolutions, Dr. Bateman spoke of the work which had been accomplished, its pioneer character in many respects, the multiplying evidences of popular appreciation coming under his observation, and the gratifying recognition of the Board in the following passage from the Governor's recent message:

"At the time of the organization of the Board of Health, there were doubts in the minds of many good people as to its necessity, and for a time, much prejudice against its work. The doubts and prejudices, however, have gradually given way, as the Board has fearlessly and with prudence gone forward in the discharge of the work before it, until I think there is now an almost universal conviction that its services in protecting the people from contagious diseases and from the evils caused by ignorance and charlatanism in the practice of medicine, as well as the general sanitary work of the Board, cannot be dispensed with. The acts creating this Board and conferring its powers would have proven a dead letter if not enforced, as they have been, by a competent and determined executive agency; and it will be a gratification to the people of Illinois to know that in their enforcement the State Board of

Health has exerted an influence which has been felt throughout the country in various ways, in the elevation of the standard of medical education, the suppression of fraudulent medical colleges, and the introduction of improved methods of establishing and maintaining an effective quarantine against infectious diseases. Their services have done much to add to the reputation of our State at home and abroad."

Dr. Gregory, in suggesting that the Board proceed to the election of a presiding officer, took occasion to thank the members for the honor they had conferred upon him during his two terms, briefly reviewed the labors of the Board during the period, congratulated his colleagues upon the results already accomplished and upon the promise for the future, and closed by nominating the Hon. Newton Bateman, LL. D., for President.

The result of the election, then held, is as follows: President, Hon. Newton Bateman, LL. D., of Galesburg.

Secretary, John H. Rauch, M. D., of Chicago.

Treasurer, A. L. Clark, M. D., of Elgin.

On taking the chair, Dr. Bateman made the usual acknowledgments, and spoke in warm terms of his predecessor in the office.

On motion of the Secretary, the members of the Auditing Committee, John McLean, M. D., of Pullman, and W. A. Haskell, M. D., of Alton, were reappointed for the ensuing year, and the Board, at 11 p. m., adjourned its Sixth Annual Meeting *sine die*.

Mistake by Druggist—Injury to Patient—Damages.

An action was brought against a druggist to recover \$10,000 damages for causing the death of a pregnant wife and the child that was born. These deaths, it was alleged, were caused by a dose of sulphate of zinc, a deadly poison, given by the druggist in mistake for Epsom salts. A judgment was recovered for \$1,000, and the defendant appealed the case—Walton vs. Booth—to the Supreme Court of Louisiana, which affirmed the judgment. The Chief Justice (Bernudez), in the opinion, said: "Though the death of the mother and child resulted from erysipelas, and not from the poison, from taking that the mother endured continued and great pain and suffering, for which she would have been entitled to recover. The defendant was greatly negligent. Druggists in the discharge of their functions should be required not only to be skillful, but also exceedingly cautious and prudent, in view of the terrific consequences which may attend, as they have not infrequently in the past, the least inattention on their part. All persons who deal with deadly poisons are held to a strict responsibility for their use, and a druggist is undoubtedly held to a special degree of responsibility for the erroneous use of poisons, corresponding with his superior knowledge of their dispensation."

MANY of the tribes of Eastern and Northern Siberia, chief of which are the Samocids, the Ostiaks, and the Kamtschadales, use the puff-ball fungi to produce a state of inebriety. The effects are a pleasant state of delirium, and unconsciousness of all trouble and sorrow, rarely developing the lower animal passions.

EDITORIAL DEPARTMENT.

PERISCOPE.

Syphilitic Disease of Knee Joint.

At the last meeting of the Mississippi State Medical Society, Dr. M. S. Craft reported (*Transactions*) the following instructive case:

"On the 8th of April, 1881, there was sent me from Clinton, by Dr. Whitfield, a knee-joint case of interest, an account of which I will give you.

"The patient was a white man, 35 years of age, with a syphilitic history. He had a chancre seven years before, followed by throat symptoms, and in time by a sore shin, probably a node, with ulcers upon the leg that healed very slowly, leaving behind purplish blotches, that were plainly to be seen at my first examination. He had never had constitutional treatment, and yet all active manifestations of the disease had subsided, and had not been noticed for years.

"Three months before he came to me, while splitting a plank with a short-handled axe, he struck the knee with the end of the handle, inflicting a slight injury, without breaking the skin. This pained him for awhile, but he continued his work, and from day to day kept on his leg, notwithstanding it was painful and sometimes swollen. It was a month or more before he was forced to bed, and longer still before he called a doctor; ultimately came to his home at Clinton, and then to me, by the advice of Dr. Whitfield. I found the knee red and enormously swollen, and the slightest movement or pressure giving great pain. The temperature was 104½, and the pulse over 120. I explored the joint with a hypodermic needle, and drew out pus. This was a grave condition of things. A knee-joint full of pus from an injury that would have given no trouble but for the syphilis, indicated the tertiary stage in full blast. Amputation was duly considered, but certainly, with that temperature, pulse, and advanced constitutional infection, was, to say the least, very questionable; but the patient himself decided not to lose his leg, and I accepted, with many misgivings as to the result, the direction of treatment to save it.

"As soon as possible, I drew off the pus with an aspirator, and with the same instrument washed out the joint with tepid water, followed by a weak carbolated solution; put him upon the mixed constitutional treatment, mercury and iodide of potash, and gave him rich liquid food, with stimulants.

"On the next day, and every day for a week, I repeated the operation, finding at each morning visit the joint again distended with pus, and the temperature and pulse as at the first examination. I then tried solutions of salicylate of soda in place of the carbolate, increasing the strength at each injection, with no better result.

"As the pulse and temperature both came down at each emptying of the joint, and rose again as it refilled; and as pus continued to form, notwithstanding the injections, I determined to open the

joint freely with the scalpel, and did so at two points, giving perfect drainage to the pus as it formed, and a ready exit for the injections. This was followed by a most favorable change. The discharge rapidly decreased, and the general aspect of the case improved. But when the joint was looking most favorable, I found matter forming in the thigh above—and soon had to open large sinuses filled with pus, that ran in the direction of and nearly to the hip joint. This discharge, large in quantity, and most offensive in character, continued for weeks, and nothing lessened it or diminished the stench, until I remembered the permanganate of potash. With this, after carbolic and salicylic acids had signally failed, I could easily cleanse the pus-secreting cavities, and keep down all foul odors. Under its use, there was a change for the better.

"Thirty-five days had now elapsed, and notwithstanding the drain, my patient still had appetite and strength and hope, and for two weeks improved. Just then there was a general prevalence of diarrhœa; hundreds in the community were affected, and among them this poor fellow. All other cases got well without trouble, but his was obstinate, and would yield to nothing. Bowels continued to act until blood and pus appeared in the discharges, indicating, as I regarded it, syphilitic ulceration of the bowels, a condition from which recovery was impossible. He died June 23d, after being two months and a half under treatment with me.

"Amputation, in my judgment, would not have saved life at any time after I saw him; but, if at all, should have been done as soon as matter appeared in the joint. But I could not advise it in a tertiary syphilitic, with the pulse 120 and the temperature 104½, to say nothing of the danger from hemorrhage after amputation, in a limb so greatly enlarged.

"Later, when the soft tissues of the thigh became infiltrated with pus, there could have been no healing of the stump; and still later, when the bowels evidenced the characteristic syphilitic ulceration, there was no power on earth to save life, and amputation would have been simply death upon the operating table."

Temperature in a Case of Belladonna Poisoning.

In the *British Medical Journal*, Dr. James McNab says that a case lately occurred in this town (Stirling) in which a child, between four and five years of age, whilst out playing with his companions, partook of some berries of the deadly nightshade, and some time thereafter had symptoms of narcotic poisoning. He took the berries between 5 and 6 p. m., and, having arrived at home in an hour or an hour and a half afterwards, asked for something to eat, when he was offered soup, of which he partook. Immediately after, he staggered and fell on the floor of the apartment. He had no vomiting. I saw him at 2 a. m., seven hours after the symptoms of narcotic poison-

ing had manifested themselves. I found him in a state of continual agitation and terror, with frequently recurring convulsive attacks; the pupils were widely dilated; the face congested and swollen, with dryness of the mouth and throat, and consequently frequent demands for something to drink. He had previously been delirious, laughing and singing, and imagining some one was thrusting berries into his mouth. Before my arrival, he had been given an emetic, and afterwards an aperient. The emetic brought up two half-digested berries and part of the soup he had taken. There being no doubt about the nature of the poison, he had aperient injections, cold to the head, a mustard poultice to the stomach, small doses of morphia, and stimulants, etc., administered to him.

Owing, however, to the length of time the poison had been working, and the gradual absorption of it into the system, there was little or no hope but that the case would have a fatal termination. The child died at twelve noon on the following day, seventeen hours after the first effects of the poison had been observed. I visited him an hour and a half before death, and found him in a state of coma. There was a tympanitic state of the stomach and bowels, which almost certainly pointed to an irritated and inflamed state of the alimentary canal. The chief noteworthy fact, however, was the excessive temperature. At the time of my last visit it was 110° , and it was this several hours before death. I have only observed this temperature once or twice in scarlet fever when death was imminent. To what could the high temperature be owing? Was it interference with the function of the sympathetic?

Intestinal Polypi.

Mr. Bowlby related the following cases at a recent meeting of the Pathological Society of London, which we note from *The Medical Times and Gazette*, December 30, 1882:

1. In a man, aged 64, who had had no intestinal symptoms, there were found diffuse polypoid growths throughout the colon, commencing just above the ileo-cæcal valve, and extending down to the sigmoid flexure. They were found in the mucous and sub-mucous tissues, and some were pedunculated. It was noteworthy that there was no stricture of the intestine. 2. A polypus removed from the rectum of a girl aged twenty-four, who had no intestinal symptoms beyond slight constipation. The polypus was attached to the anterior wall of the rectum, about four inches from the anus; it was soft and succulent, and covered everywhere by mucous membrane. It was accidentally ruptured during removal, and some turbid fluid escaped. After removal, it weighed two pounds all but an ounce. Its chief interest lay in its size. 3. A polypus of the small intestine occurring in a female child aged five. He gave the following history of the case: She was seized with pain in the abdomen suddenly one day; next day she passed some blood by the bowels, and during the next few days slime. She was admitted into St. Bartholomew's Hospital ten days after the commencement of her illness, with a mass protruding from the anus, which eventually came away, and a portion of which was recog-

nized to be the vermiform appendix. After this the child went on well, and left the hospital apparently recovered. Some months later she was brought back with symptoms of congenital syphilis, was readmitted, and died not long afterwards. At the autopsy the cause of death was recognized to be recent peritonitis. On opening the intestine, a polypus of fibrous tissue was found about eight inches from the anus; but evidently in the small intestine, and three inches and a half below this there was a transverse scar completely encircling the gut, where the small intestine, at what might have been the ileo-cæcal valve, had become adherent to the rectum or sigmoid flexure, so that the whole of the colon and cæcum had disappeared by sloughing. There was very slight constriction at the site of the scar. Mr. Bowlby remarked that when a polypus set up intussusception, it was usually the part to first present at the anus and be expelled. In this case it must be assumed that the polypus had set up increased peristaltic action of the intestines below it, and had never been actually involved in the invagination itself.

Dr. Coupland observed that polypi were not an infrequent cause of intussusception, and referred to the case of a young woman under his care in the Middlesex Hospital some two years ago, which had been published in the *Clinical Society's Transactions*, where an intussusception had been set up by a polypus in precisely the same way as in Mr. Bowlby's case. He also alluded to a specimen of multiple polypi of the colon in the Middlesex Hospital museum.

Mr. Cripps remarked on the enormous size of the polypus in Mr. Bowlby's second case; referring to the first case, he said that disseminated polypi in the colon were very rare; he referred to the specimen in the Middlesex Hospital museum, and also to one in the museum of Guy's Hospital; he said he had shown a specimen here last year, taken from a girl whose brother was also the subject of multiple polypi. He thought they began in a small collection of cells in the submucous tissue, which afterwards became a pedunculated tumor owing to straining. He considered the disease somewhat analogous to molluscum fibrosum, the tumors of which might easily be made to become pedunculated if pulled upon. In reference to the third case, he could not understand how the polypus could have been only three inches from the ileo-cæcal valve; the length of small intestine invaginated must have been equal to half of that of the colon, and the polypus must therefore have been more than a foot above the valve.

The President said that in his experience polypi in the rectum were commoner in small boys.

Mr. Henry Morris did not think polypi of the rectum so very rare. Quite recently he had seen a man with six or eight polypi in the rectum; he suffered a good deal from tenesmus. He wished to ask Mr. Bowlby whether his patient had had any symptoms.

Dr. Goodhart observed that there were three kinds of polypi—one fibro-cellular, covered over by mucous membrane, as in Mr. Bowlby's second specimen, of which he remembered to have seen one instance, though smaller than the one brought that evening; next, the firm mucous membrane polypus, well known in young boys; and thirdly,

disseminated pedunculated villous polypi. He could not agree with Mr. Cripps about the site of the polypus in the case of intussusception, and saw no difficulty in believing that it was quite close to the ileo-cæcal valve.

Mr. Bowlby, in reply, thought the chief interest in his cases lay in the fact that the polypi were mucous, and not fibrous. He was of the same opinion as Mr. Cripps, viz., that a considerable portion of the small intestine—probably a foot—must have been lost.

Hydatid of the Liver.

Mr. Downes reports the following cases in the *Lancet*:

Case 1.—A middle-aged woman was seen in September, 1877. There was a large tumor extending from the liver to about two inches below the umbilicus; it was most prominent a little above the level of the umbilicus on the right side, and in one spot where it particularly bulged, distinct fluctuation showed that it contained fluid. The history of the case and the appearance of the patient seemed to indicate that it was not an abscess; there was considerable pain, but no fever, and the pain had come on gradually and seemed to be due to pressure only. Hydatid of the liver was diagnosed; and the tumor was tapped with a very small trocar and canula. The fluid withdrawn from it (which amounted to about half a gallon) was quite clear and non-albuminous. The tumor disappeared, and the woman experienced great relief. The patient remained quite quiet for some days. After about a week fever supervened, and there was tenderness at the spot which had been punctured. The fever disappeared, but a swelling was observed near the spot of puncture, and the tumor evidently contained fluid; this swelling increased for a few days, when it became stationary. The tumor did not extend below the level of the umbilicus. She remained in hospital for two or three weeks, when she returned to her home. She and her husband were very desirous that the tumor should be tapped again, but this was not done, as it was thought that it might become absorbed.

When the woman left the hospital the swelling had not materially decreased, but there was no tenderness, and the tumor extended only to about the level of the umbilicus, instead of occupying a large part of the right iliac fossa, as it did before the operation. The patient has not been heard of since.

Case 2.—The subject of this case was a middle-aged man, who was seen in September, 1879. There was a round tumor in the epigastric region, extending down to the umbilicus, and apparently connected with the liver. It was particularly prominent in the very centre of the epigastric region, and there was indistinct fluctuation. The tumor was very tense, and pressure gave rise to very great discomfort, but not amounting to acute pain. The tumor did not extend much to either side, and this made the diagnosis a little puzzling; but, taking everything into consideration, it seemed certain that it was a case of hydatid of the left lobe of the liver. The patient lived a long way from the hospital, and he could not go there. Mr. Downes, then and there, in the open fields,

surrounded by an interested group of villagers, inserted a small trocar and canula, and drew off more than a quart of fluid, which was slightly turbid. This gave marvellous relief immediately. The man was carried to his cottage and kept quiet for some weeks.

After about a month or six weeks, he paid a visit to the hospital. He was not then suffering from any pain or inconvenience, but a small tumor, apparently containing fluid, was in the position of the original tumor. As in the former case, this reaccumulation of fluid was not tapped, and the patient was told that this swelling would probably subside of itself. He did not present himself again, so that it is hoped that he considered himself cured.

These two cases illustrate what has already been written by the late Dr. Murchison—viz., that hydatid tumors of the liver may be tapped in the majority of instances with a small trocar and canula without danger; and that this proceeding gives immediate and complete relief, and in many cases may cure the disease.

Rabies.

The following opinions concerning rabies were taken from the *Lancet*, December 30, 1882:

At a recent meeting of the Académie de Médecine, M. Bouley communicated, in the name of M. Pasteur, a series of conclusions regarding rabies at which the distinguished investigator has arrived. The first two enunciate the familiar truths that the dumb madness and furious madness, and, in short, all varieties of rabies, are caused by the same virus, and that the symptoms of rabies are extremely variable. It is assumed that the characters of the several cases depend on the points in the nervous system at which the effect of the virus is chiefly localized. In the saliva of rabid animals the virus is associated with several kinds of organisms, and the inoculation of the saliva may cause death in three ways: by means of the special salivary organisms, by excessive suppuration, and by rabies. The medulla oblongata of the human subject, as well as that of animals, after death by rabies, is always virulent, and the virus is also found in all parts of the brain, and it persists even after putrefaction has set in. There are two methods of inoculation by which the period of incubation of rabies may be greatly shortened, and the disease produced not only rapidly but with certainty: one is by the injection of the virus into the blood; the other is by trephining the skull and placing the virus in the arachnoid cavity. Rabies then comes on at the end of six, eight, or ten days. M. Pasteur has met with some cases of the "spontaneous cure" of rabies, but only in cases in which the disease did not develop beyond the initial stage. In such a case, in which the early symptoms passed away, the disease has been known to return at the end of a certain time—as two months—and then to run the ordinary acute and fatal course. Mention is also made of the cases of three dogs inoculated in 1881: two quickly died from rabies; the third, after manifesting the early symptoms, recovered. The latter animal was inoculated by trephining in 1882 on two separate occasions, but without effect. M. Pasteur asserts that he now possesses four

dogs which will not contract rabies, whatever the method of inoculation adopted or the proved virulence of the material employed. These facts he believes to be the first step towards the discovery of a method of the prevention of rabies by its inoculation. He confesses, however, that the end seems to be at present far distant.

True Eastern Leprosy Treated by Chaulmoogra Oil.

James Startin records the following case in the *Lancet*:

The patient, who has been in England now for four years, had traces of the disease, he states, about sixteen or seventeen years ago, and about twelve months since got very much worse—a formation of tubercles and ulcers taking place, which would not heal under all ordinary treatment. For the previous eight years, the patient stated, he had lived a very hard life in Africa (Southern) among the diamond-fields, digging and washing diamonds; and whilst there he was exposed to great heat in the day, and damp, cold, and miasma at night; he could get no fresh vegetables, and, indeed, hardly any food sometimes, and that of an indifferent character. Previous to his living in the diamond-fields, he was exposed to much privation on the sea. Sometimes he stayed in port in India, sometimes in the West Indies at Demerara, and had at times very bad food. He had also resided twenty years ago in Rio Janeiro; and—in my opinion a most important element in this history—he had a very bad attack of ague twelve years ago, relapses of which he has had several times since, some being worse than others. The patient is a short, thick-set, short-necked man, with sallow complexion and curvature of the spine in the upper part of the column. He is about forty-five years of age. He now has many small hard tubercles in different parts of his body, more especially on the hands and feet, on the dorsal surfaces, on the shoulders, legs, and thighs, face and ears, with also the remains of an eruption of macule, brownish in tint. These tubercles are hard and nodular to the touch, and nearly all suppurating. The ulnar and peroneal nerves are much thickened and tender to the touch. There is slight wasting of the muscles of the thumb and interossei; the sight is getting weak, and there is slight opacity of the left cornea, and he complains of great loss of muscular power; he has lost sexual power, and has a feeling of numbness and of pricking sensation in the hands and feet, along with fits of depression. All these symptoms go to show the true character of the disease. He has little or no loss of sensation in his body, in any of the patches or otherwise, like the case I reported to you in 1880.

After many applications both of specific and other kinds had been made to this case, with little or no benefit to the patient, Dr. Corbett consulted me as to the nature of the case and its treatment. We came to the conclusion that it was a case of true Eastern leprosy in its early stages, and we resolved to give the patient chaulmoogra oil, both internally and externally. He was ordered three capsules of oil three times a day, and the crude oil to be rubbed into the parts well whenever affected twice a day. From the time this treatment was adopted the patient im-

proved, and on July 4th Dr. Corbett writes to say:

"I do not think I can add much to the history of the case or its description, except to supply the omission, that the tubercles, after suppuration, left deep ulcers with sharply defined edges and smooth sores, which no treatment, tonic or alterative, seemed to heal until the chaulmoogra oil was taken, when in a few weeks reparative action was set up, and they all quite healed. Fresh tubercles, not many in number, and entirely confined to the dorsum of the hands and feet, including the fingers and toes, still form and suppurate, but not one has resulted in ulceration. Since the oil has been taken, in fact, a good many of the tubercles do not suppurate, become abortive, and die away."

Now this case, as well as the last I reported to you, were much benefited by the administration of chaulmoogra oil; in fact, the case I reported in October, 1880, is as nearly well as can be, and the man is able to resume all his duties. I saw this patient last week at Kingston, and he assured me he was much better, and he had very few tubercles left. In my opinion, leprosy can be relieved, if not cured; and this opinion is shared now by other members of the profession. Mr. Hutchinson states he has seen cases that have quite recovered.

Rape During Hypnotic Slumber.

From the *Obstetric Gazette* we note that Dr. Ladame, of Neuchâtel, publishes in the *Annale d'Hygiène Publique* a very interesting report upon a medico-legal question. At the close of some entertainments in mesmerism given at his canton, the young people were possessed by a magnetic fever. One of the consequences of this was that a young girl became enceinte, and declared that being alone Christmas eve with a young man, who was in the habit of magnetizing her, he had violated her after having put her to sleep. The affair was submitted to a justice, and Dr. Ladame appointed to make a medico-legal report bearing principally upon the following questions:

(1) The story of the plaintiff, ought it to be considered probable as a whole?

(2) Could coition take place without her consciousness of the fact at the time?

(3) Was her will so paralyzed that she was unable to offer any resistance?

(4) Is conception possible in a state of absolute insensibility?

Dr. Ladame remarks that this is a new question in legal medicine, there existing but four cases in medical literature, dating from 1858.

Making observations on the possibility of simulation, MM. Devergie, Tardieu and Bronardel arrived at the conclusion that a girl could be violated while her will was abolished in a nervous or hypnotic sleep. Passing in review her story that she was awakened at a certain time, and again put to sleep without being able to resist, Dr. Ladame concludes there is nothing in this contradictory to the phenomena of hypnotic slumber. That coition could have taken place without her knowledge is not to be doubted, as she could have been rendered absolutely insensible. The third question is more difficult: Was her will so completely paralyzed that she could offer no resistance? It may, however, be answered affirmatively; for in

furnishing his subject with an appropriate theme of hallucination, a skillful operator could, with certain persons, provoke actions en rapport with the dream developing in their over-excited imaginations. It would seem then that the operator has really the power to direct according to his inclination the will of the subject, while in reality he directs only a hallucination; but the subject is none the less at his mercy. It remains to know if conception is possible when the woman is in a state of complete insensibility. Every author admits that the sole condition necessary to fecundation is the meeting of the semen and the ovum in the female.

The magnetizer proved an alibi, and the case was dismissed.

Medullary Sarcoma of the Eye.

Before a recent meeting of the Dublin Pathological Society (*Dublin Med. Jour.*), Mr. Ormsby showed an interesting specimen of medullary sarcoma, which was removed by him from the right orbit of a child, aged three years. The history of the case is as follows:

P. C., aged three years, from Ardfert, county Kerry, was admitted to the Meath Hospital on the 10th of March, 1882, under my care, suffering from a large tumor, about three inches long, projecting outwards from the right orbit. The tumor, apparently, had its origin in an attack of catarrhal ophthalmia about a week before last Christmas. From that time the eye swelled and the tumor grew rapidly, destroying the sight of the eye in a very short time. So quickly did the tumor grow, that the increase in size was noticed from day to day. He never seemed to suffer much pain, but wasted rapidly, having previously been very healthy and robust.

On his admission to hospital the child was weak, pale, and debilitated. The tumor was red, and had a most malignant aspect; when touched or rubbed roughly, it bled profusely from its summit; the bleeding had to be restrained by the application of styptics.

I performed the operation on the 15th of March, having determined to extirpate the growth, together with the whole contents of the affected orbit. I began by cutting the superficial structures with a curved blunt-pointed scissors, so as to separate the tumor from the upper and lower lids, to which it was found to be intimately attached. Having done this, I divided the deeper structures, and completely cleared out the whole contents of the orbit. Portions of the tumor broke down by the pressure of the finger, and some smart hemorrhage occurred. The optic nerve appeared to be attached to the posterior part of the tumor, which I ligatured and divided in front of the ligature. I then gently plugged the orbit with strips of lint steeped in cold water. After the growth was removed, it was remarkable how little hemorrhage followed; and up to the present the child has been doing very well. I consider the tumor is a malignant one, belonging to that form of disease usually called *Medullary Sarcoma*, or *Fungus Hematodes*. I am afraid the tumor may return; but still I thought it my duty to give the child a chance by removing this remarkable, and, in my opinion, malignant growth. Mr. Benson, Surgeon

to St. Mark's Ophthalmic Hospital, also saw the case. I also present for inspection two photographs, which were taken before the tumor was removed, and they depict very well the size and appearance this very unsightly growth gave to the little patient.

Mr. Benson remarked that a curious feature in the case seemed to be the complete adhesion that existed between the lids and the globe of the eye. It was continuous with the surface of the cornea, which was quite carneous. The tumor began as an intra-ocular one.

Is Tuberculosis a Parasitic Disease?

This question has not yet been answered, but experimental data, so far furnished, will be of service to the medical profession in settling the question.

The following are the results of some of the investigations of George M. Sternberg, M. D., as given in the *Medical News*, Dec. 30, 1882.

(a) The bacillus described by Koch, has been found in the sputa of phthisical patients in San Francisco.

(b) That this bacillus differs from the micro-organisms found in normal human saliva and in bronchitic sputa, is proved by the color-test (Ehrlich's) and by culture-experiments (see below, *i* and *g*).

(c) Tuberculosis in animals may result from inoculation—subcutaneous—with the sputa of tuberculous patients.

(d) But in several of the animals experimented upon, no evidence of tubercular deposit was found, and in others it was very slight. Total number of animals experimented upon, twelve rabbits, two guinea-pigs, and two dogs.

(e) In the animals successfully inoculated, the enlarged tuberculous lymphatic glands in the vicinity of the point of inoculation, and tubercular nodules in the lungs and elsewhere, usually contained the bacilli of Koch.

(f) But this was not invariably the case. At least a careful search failed to demonstrate the presence of this bacillus in tubercles found in the lungs of three rabbits.

(g) The bacillus of Koch was found in abundance in the tubercular nodules from a freshly-cut section of human lung.

(h) But in a similar specimen from another case, repeated examination failed to demonstrate the presence of the bacillus.

(i) Culture-experiments have demonstrated that the bacillus in question multiplies upon the surface of sterilized and jellied blood-serum, prepared in the manner described by Koch.

(j) But in the writer's experiments the bacilli have not penetrated the culture-medium, or extended upon its surface to such an extent as to indicate that multiplication was at the expense of this jellied blood-serum, which has seemed rather to serve as a *moist*, supporting surface; multiplication has apparently been at the expense of the tubercular material introduced for the purpose of inoculating this culture-medium.

The bacilli were not abundant in this material when it was first obtained from the lungs, or from an enlarged lymphatic gland of a rabbit recently

killed; but after remaining in the culture-tube for a fortnight the bacilli were found in enormous numbers, while the cellular elements of the tuberculous material had to a great extent disappeared.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—In a reprint from the *Atlantic Medical Register*, Dr. Nathan Bozeman, of New York, gives the results of his observations on the value of graduated pressure in the treatment of diseases of the vagina, uterus, ovaries and other appendages. The pamphlet is neatly printed and illustrated, and the importance of the facts it contains makes it well worth the perusal of gynecologists.

—The annual report of the State Hospital for the Insane at Norristown, Pa., indicates that that institution is under excellent management. The secret of success, says the report, in the treatment of the insane is embraced in two words—employment and non-restraint.

—An interesting study by Dr. Charles K. Mills, of this city, on hystero-epilepsy, will not fail to attract those who have paid attention to this strange disease. It is a reprint from the *Journal of Nervous and Mental Diseases*. With regard to the differential diagnosis, the following extract is in point:

In the epileptoid varieties of hystero-epilepsy, either the loss of consciousness is manifestly complete, the patient not responding to any outside irritants or influences; or we have a condition of what might, perhaps, best be termed altered or perverted consciousness, where it is hard to determine whether the patient is totally oblivious to her surroundings. While, however, loss of consciousness is sometimes to all intents and purposes complete in hystero-epilepsy, the careful clinical observer will not fail to notice a difference in the appearance presented by the patient and that exhibited in the paroxysm of grave epilepsy.

—The *Bromide of Ethyl* is very highly praised by Dr. J. J. Chisholm, as the most perfect anæsthetic for short, painful, surgical operations. In a reprint from the *Maryland Medical Journal*, he says of it:

Those who will use it by a single inhalation, to produce a short, deep sleep, and not resort to a nasal-administration of this very valuable, powerful agent for a continued anæsthesia, which it is incapable of sustaining in safety and in comfort, will become as enthusiastic as I am over its brilliant results. They will in time learn to consider it, as I do, the most perfect of anæsthetic agents for quick, painful surgical work.

—A long and thorough article, reprinted from the *Virginia Medical Monthly*, has appeared from the pen of Dr. James L. Cabell, on "Sanitary Conditions in Surgery." We state the result of his study in his own words:

Let us, then, conclude that Listerism, in connection with amputations, if not always and everywhere necessary—if perfect sanitation, good nursing, and the keen and constant attention of the surgeon be provided—is yet the "safest of methods as obviating occasional unavoidable defects of hygienic management, whether in hospitals or private practice."

—The report of the Commissioner of Agriculture for 1881 and 1882 contains the results of the experiments conducted by Drs. Salmon and Detmers relative to the nature and cause of destructive diseases of domestic animals. The maladies particularly investigated are hog and fowl cholera and Southern cattle fever. Dr. Salmon describes an ingenious apparatus for the cultivation of bacteria. Dr. Lyman contributes a valuable article on the contagious pleuro-pneumonia of cattle. The report is one highly creditable to veterinary science in the United States.

—Landreth's Rural Register and Seed Catalogue is worth the attention of our country readers. It is distributed gratuitously to applicants by D. Landreth & Sons, Philadelphia.

BOOK NOTICES.

Transactions of the Medical Association of the State of Missouri, 25th annual session, 1882. St. Louis, Missouri.

In this seemly volume of 220 8vo. pages we have ample evidence of the prosperity of the Missouri Society. It contains, moreover, eighteen original articles besides the customary address, and several of these contributions indicate a high order of observation and much careful research.

The address of the President, Dr. Willis P. King, of Sedalia, on "Quacks and Quackery in Missouri," is a telling addition to the exposures of charlatanism. It is really hard to conceive the brutality, unfeeling greed, and ignorance displayed by the innumerable quacks that infest that and, alas! many other States. Here is one of the mildest examples:

From Southwest Missouri: "An old practitioner here said to me that 'Dover's powder was a favorite remedy with him, as it would produce a gentle *diaporesis* and had a soothin' effect on the *mucous membrane of the brain*.' I met another in consultation in a case of spitting blood from vicarious menstruation, and I suggested this as my view of the case. 'Yes,' said the doctor, 'the

blood is stopped in the womb and forced through the follopian tubes into the lungs.' ”

Such examples would be amusing, did they not mean suffering to the innocent patient and fraud on his family.

A Manual of Histology. Edited by Thomas E. Satterthwaite, M. D. Second edition. New York, Wm. Wood & Co. 8vo., pp. 490.

Dr. Satterthwaite, in association with a number of other gentlemen, has presented the subject of histology in a series of independent essays in chapters, covering pretty much the whole ground of that field of research. As each contributor wrote on the special organ or subdivision of the subject with which he was best acquainted or most interested in, the work is of that composite character now becoming so popular, and probably justly so.

The fact that a second edition appears no long time after the first, shows that the work commends itself to the reading part of our profession. Histology, moreover, is a peculiarly attractive field to many, and this volume is an excellent introduction to it. We cannot say that it is extended enough to satisfy the devoted student of that branch. It is not. But it is an attractive exposition of the leading facts, and well suited to the wants of the ordinary practitioner.

It is very well printed, with numerous illustrations, on excellent paper, and in a clear, readable type.

Legal Medicine. By Charles Meymott Tidy, M. B., F. C. S., etc. Vol. I. and II. New York, Wm. Wood & Co.

The name of Professor Tidy is well known in England for his various researches in branches of forensic medicine and sanitary measures. He is a learned man and a lucid expounder of science. His work before us takes up the subject of medical jurisprudence in a condensed but exhaustive manner. The scheme he selects is a good one, and he carries it out with marked ability.

The work belongs in Wood's Series of Standard Medical Authors, and is one of the best of the series.

A Dictionary of Medicine, Including General Pathology, general therapeutics, hygiene, and the diseases peculiar to women and children. By various writers; edited by Richard Quain, M. D.; F. R. S., New York. D. Appleton & Co., 1883. 1 vol. 8 vo. pp. 1816.

In this important work the editor has endeavored to combine two features or purposes: in the first place, to offer a dictionary of the technical words used in medicine and the collateral sciences,

and also to present a treatise on systematic medicine, in which the separate articles on diseases should be short monographs by eminent specialists in the several branches of medical and surgical science.

Especially for the latter purpose, he secured the aid of such well-known gentlemen as Charles Murchison, John Rose Cormack, Tilbury Fox, Thomas Hayden, William Aitken, Charlton Bastian, Brown-Sequard, Sir William Jenner, Erasmus Wilson, and a host of others. By their aid, he may fairly be said to have attained his object of "bringing together the latest and most complete information, in a form which would allow of ready and easy reference."

Of course, the several articles are necessarily brief, and there are instances where they are obviously too brief to do justice to the subject: but this is a welcome relief after the outrageous tediousness and diffuseness of some of the *encyclopedias* which have of late been inflicted on the long-suffering and easily-gulled American medical public.

To give an idea of the fullness of treatment, we find that the title *Cancer* is treated by Dr. R. J. Godlee, in three and a half pages (double column, small type); *Insanity* has eighteen pages; *Neuralgia*, three pages; *Phthisis*, seventeen pages; *Pyæmia*, seven pages, etc. These limits give fair space for the discussion of the essential known facts about these complaints; and as the articles are composed by persons thoroughly familiar with the subject, and trained to recognize the useful and real from the theoretical and doubtful, the text of these monographs is generally admirable for clearness and condensation.

As a dictionary of words and terms, we cannot place it on so high a plane as when we regard it as a collection of monographs. Many of the older and partly or wholly obsolete terms are not to be found in it. Yet no *dictionary* is complete without them. The etymologies are often too brief or questionable, and the synonymy in other tongues is scanty, although this is a very useful feature to the student. In these respects we place it as inferior to Dunglison's Dictionary.

The publishers have done very well in the manufacture of the book. Though it contains over 1800 pages, it is not inconveniently bulky. The type, though small, is clear, the paper clean and strong, the binding solid and firm.

There are various illustrations and some whole-page plates, all of which are satisfactory in execution, and material additions to the value of the volume.

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VENESESECTION.

Of late years this practice is being revived, and like all other reliances that have been relegated to obscurity because they have been unduly and unwisely resorted to, it will now, we have reason to hope, be placed upon a rational and substantial basis, and continue to be, as it ought, one of our most effectual therapeutic resources.

Dr. W. H. Broadbent, who contributes a very interesting paper on the subject to the *Lancet*, January 13, 1883, considers that the most striking instance of its good effects is to be found in uræmic convulsions. The indications for venesection, according to his views, are just the reverse of those usually described:

"The face is pale: when the fingers are placed lightly on the radial artery, pulsation is hardly felt, and the vessel is usually small, though it may be large. The first impression is that the pulse is weak. When pressure, however, is made so as to test the force of the current of blood, the pulsation is not easily extinguished, and the firmer the pressure, the stronger the beat seems to be. At the same time the artery is full between the beats, and can be rolled under the finger like another tendon, or like a piece of whipcord. The heart will be usually found to be hypertrophied, and more or less dilated, and very commonly there is reduplication of the first sound over the inter-ventricular septum near the apex, due, as Dr. Sibson demonstrated, to want of synchronism in the systole of the two ventricles. When with these evidences of high arterial tension, convulsions supervene, the most prompt and certain remedy is venesection."

He has found it very useful, whenever in kidney disease the symptoms of uræmic poisoning show themselves, vomiting, headache, confusion, stupor, muscular twitchings, etc., which experience has taught lead up to convulsions. He has in several cases, both of contracted granular and large white kidney, when cure was hopeless, diminished the suffering of the last few weeks of life, and changed the mode of death, by small bleedings when the headache became intolerable and convulsions were impending. If venesection will do what he claims for it, it will prove, indeed, a great boon; but we must be cautious in resorting to an expedient that is so strongly condemned by many eminent observers. At the same time, it is true that one by one the members of our profession are falling into the line of advocating modified venesection, and we cannot help

but think that reason, as well as the weight of clinical evidence, is in its favor. The great trouble with venesection, as with all other possibly dangerous remedies, arises from the fact that the majority of physicians are content to let others do their thinking for them, and to practice medicine by routine. A man who sedulously cultivates the habit of thought, will, in the majority of cases, be able to accurately determine whether the abstraction of blood will be likely to prove beneficial or the reverse.

As a general rule, when no contra-indication exists, it may be stated that venesection will probably prove beneficial in those cases wherein drastic purgatives are indicated for their depletory and counter-irritant effects, and the pulse will be your guide to the extent of venesection called for.

In puerperal convulsions, in which venesection has been highly vaunted, it is recommended to bleed to syncope, but in the other conditions it would be well to stop short of this point; to desist when the pulse indicates that the high arterial tension causing the trouble has been reduced.

ERYTHEMA GANGRÆNOSUM.

Whether there ever exists a peculiar condition of the system giving rise to gangrenous patches on different portions of the body, is a question that possesses a great deal of interest in a medico-legal sense, since the artificial production of the so-called erythema gangrænorum is a favorite practice among malingerers.

Dr. T. Colcott Fox recently read an account of two cases before the Royal Medical and Chirurgical Society, in which the patches were limited to the chest and arms, and occurred over and over again about the site of former patches, sometimes for a time forming only on one arm, then on the other, and then about the chest, but a sort of symmetry was often kept up. The change commences with discoloration of the epidermis, passing rapidly to the formation of a bulla and then to gangrene, the consequent sores healing very slowly. It was noticed that while not exclusively confined to, yet this condition was most frequently observed among intemperate persons.

Since any part will become gangrenous if deprived of its nourishment, and since Dr. Fayer has concluded that thrombosis of the pulmonary artery may occur as the result of some but imperfectly-understood constitutional conditions, may we not infer by analogy, that when this cachexia (whatever it may be) exists, the circulation of the skin, in a certain area, may become so obstructed, by coagula, as to deprive the part of nourishment and to produce these gangrenous blotches?

In the discussion which ensued on this paper, Mr. Savory pointed out that the detection of the artificial use of caustics was facilitated by noting the shape of the patches, which showed greater irregularity in outline, especially of the lower margins (from the gravitation of the fluid) than is the case in patches of true skin disease.

This is an interesting field for observation.

NEW REMEDY IN DIPHTHERIA.

A German apothecary, R. Münch (Kronen-Apotheke in Leipsic-Sohlis), who enjoys a great reputation for veracity and reliability amongst those who know him, recommends in No. 27 of the Pharm. Centr. Anzeiger, "as a new remedy in diphtheria, and the effect" of which he had noticed on his own 7-year-old daughter—oleum terebinthinæ rectificatum. Children take one teaspoonful morning and night; adults, a tablespoonful. In children tepid milk is given after it; it might also be mixed with the same. The effect of this remedy, which has of late been highly praised by different authors, is said to be really a miraculous one. Within already half an hour after the administration of the drug, a bright redness begins to spread from the margin of the diphtheritic exudation, and this redness becomes generally diffused over and taking the place of the false membrane, and the disease is said to disappear within twenty-four hours without leaving the slightest trace. While this wonderful effect is said to be invariably met with when the remedy is made use of at the very commencement of the disease, those who recommend it so highly contend that it is also successful, only less rap-

idly, in cases that have already progressed for several days.

PROPHYLACTIC INFLUENCE OF TINCTURE OF IRON ON CONTAGIOUS DISEASES.

A somewhat singular, and if substantiated, very valuable observation has been made by Dr. W. Duff Green, of Mt. Vernon, Ill., in the *St. Louis Courier of Medicine*, February, 1883. He relates his experience in six families, wherein he treated typhoid fever or measles. In every individual to whom he had given tincture of the chloride of iron, if the disease appeared at all it was very slight, while the majority of those so treated escaped it altogether; at the same time nearly all of those who did not take the iron had the disease in its ordinary severe form. He has noticed this prophylactic action since 1877, and he only records a few of his many observations. It may be that the iron simply enables the system to withstand the onset of the disease, by giving it tone, without possessing any specific action; but whatever the explanation is, this report is sufficiently valuable and trustworthy to stimulate further investigation.

NOTES AND COMMENTS.

Indications for the Use of Different Kinds of Electricity.

To recognize the differential indications is one of the most difficult things in medicine. We have, says Dr. A. D. Rockwell in the *New York Medical Journal*, February 3, 1883, galvanic, faradic and franklinic, or static electricity, each one of which differs from the others in its therapeutical properties. In hemiplegia, where there exists an exalted electro-muscular contractility, electricity, if used at all, should be used in the form of faradization, and with an exceedingly mild and rapidly interrupted current. On the contrary, when there is a very great diminution of electro-muscular contractility, the galvanic current is indicated. When we wish to directly affect the central nervous system the constant current is alone applicable. As a general rule, it will be found that in neuralgia, where firm pressure over the affected nerves aggravates the pain, the galvanic current is indicated, while when the opposite condition obtains, the faradic current will

prove more useful. In what we call "general debility," the faradic current is indicated. Asthenopia, accompanied by hyperæsthesia of the retina and ciliary nerves, seems to demand the faradic current; as is also the case in diphtheritic paralysis. The so-called spinal irritation or spinal neuralgia calls exclusively for galvanism, as well as in sequelæ of cerebro-spinal meningitis; also will it oftentimes afford much relief in exophthalmic goitre.

For the restoration of the lost senses of taste and smell, galvanism succeeds when faradism fails. So also in skin diseases, where electricity is of service, the galvanic current is the one indicated. For herpes zoster, in electro-surgery and in the treatment of erectile tumors, galvanism reigns supreme. It is to be preferred as a foeticide in extra-uterine pregnancy. In sthenic chorea it is indicated, while in the asthenic form faradism must be used. The same rules will guide in amenorrhœa. The pain of muscular rheumatism will be relieved sooner by franklinization than by either of the others, and its use is more particularly indicated in pain confined to no special nerve trunks, dull and aching in character, and with no tenderness on pressure. Study first dynamic electricity, and then go to franklinism.

Chloral in Albuminuria.

Thomas Wilson, in the *British Medical Journal*, December 23, 1882, cites several cases showing the efficacy of chloral in the above condition; the attention of the profession does not yet seem to have been generally drawn to the effect of chloral in removing albumen from the urine, and also the existing œdema.

Mrs. R—, a delicate woman, age 40, who had just past through utero-gestation, presented albuminous urine and dropsy, orthopnœa, lips cyanosed, pulse weak, no cardiac murmur was detected. The diagnosis of dilated heart, passive congestion of kidneys, and dropsy, was made.

From the regularity with which it was noticed that the urine passed after taking chloral was clearer, of lower specific gravity, and contained less albumen than that passed at other times, it was decided to test the effect of chloral by withholding its administration altogether. No sooner was the drug stopped than all the symptoms returned. Urine passed after taking chloral was of average specific gravity of 1016, acid, with no albumen; specimens passed at other periods contained albumen and granular and hyaline tube casts.

No explanation is offered as to how the chloral

was followed by such beneficial results. "Suffice it to say, that under its use, a lady so prostrated that she could not stand, with a dilated heart, albuminuria, and marked edema of feet and legs—indications of a grave constitutional state—has simply been rescued from death."

In another case, a woman, age 68, chloral was as successful as in the former.

No apparent diuresis or diaphoresis was produced.

Nocturnal Enuresis, Treated by Voltaic Alternatives.

Dr. Althaus writes in the *British Medical Journal*: "In June, 1882, I was consulted in the case of a boy, aged 15, who had suffered from incontinence of urine during sleep, ever since he was nine years of age. He had been treated with belladonna and other medicines without relief; and as he was about to enter a public school, where a continuance of this trouble might have been particularly annoying, the parents were very anxious that something more should be done. The boy's general health was good, but he was considered a nervous child, and highly sensitive. There were no ascariæ, but he had a very long prepuce which could only with difficulty be retracted. There was, however, no suspicion of masturbation. Treatment by electricity having been recommended, I applied the middle-sized circular cathode over the region of the bladder, and the large oblong anode (five inches by two) to the lumbar portion of the spine. The current-strength 2.50 milli-ampère for five minutes at a time. As after a few such applications no material benefit appeared to have been gained, I then added fifty voltaic alternatives produced in the metallic circuit. The night after this was free from the usual annoyance, and the boy has made an apparently uninterrupted recovery." Dr. Althaus prefers this method of treatment to injections of nitrate of silver, as recommended by Sir Henry Thompson. He believes that belladonna is of value when enuresis is distinctly caused by undue excitability of the bladder.

Faradization of Spleen in Intermittent Fever.

The *London Medical Record*, January 15, 1883, says that Dr. Babaieff regards (*Mediz. Obozr.*, Feb., 1882) systematic faradization of the spleen as one of the best adjuvant means in the treatment of intermittent fever, and adduces some cases of his own in which the usual antiperiodic remedies had remained unsuccessful until the electricity had been added. The faradization not only dimin-

ished the splenic tumor, but also acted beneficially on the malarial process. This favorable influence the author attempts to explain as follows. 1. Faradization gives rise to contractions of the splenic vessels, and, in a reflex way, acts tonically on the vaso-motor centres. 2. It counteracts blood-stagnation, and possibly accumulation of miasmatic products in the spleen. 3. It acts indirectly on the neighboring kidney, increasing correspondingly the secretion of urine. 4. It prevents the formation of infarcts and ruptures in the spleen. The editor of the *Mediz. Obozr.*, Dr. V. F. Sprimon, also testifies to the high value of faradization and galvanization in cases of chronic malarial tumor of the spleen. He saw its prompt disappearance, as well as a great improvement of the general state, in four out of five of his patients treated by this method. In four of the eight of Dr. Sprimon's cases which presented intermittent of recent standing, and were treated by faradization alone, the fever disappeared and never returned after five to ten sittings (half an hour daily).

The Mortality Referable to Alcohol.

The *British Medical Journal* says: At the end of a long and carefully-prepared report recently drawn up by a committee of the Harveian Society, it is concluded: that there is, upon the whole, reason to think that, in the metropolis, the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults in the following important particulars, viz., a fourfold increase in the deaths from diseases of the liver and chylipoietic viscera; a twofold increase in the deaths from disease of the kidney, a decrease of half as much again in those from heart disease, a marked increase in those from pneumonia and pleurisy, a considerable increase and an earlier occurrence of those from disease of the central nervous system; a marked decrease in those from bronchitis, asthma, emphysema, and congestion of the lungs, a decrease nearly as great as in those from phthisis, and a later occurrence, or at least termination, of the disease; a very large decrease in those from old age, with an increase in those referred to atrophy, debility, etc., and the addition of a considerable group referred in general terms to alcoholism or chronic alcoholism, or resulting from accidents.

Atmospheric Pressure and Apoplexy.

At certain seasons of the year, or rather at special times, apoplexy seems to be almost epidemic. Dr. Bürger, physician of the county Gerabronn,

in Wurtemberg, studied the relation atmospheric conditions seem to have to apoplexy. From 1877 to 1879, inclusive, 78 persons died in the county of this disease, and Bürger found that the atmospheric pressure was decreased on the days such attacks happened three times oftener (in 53 cases) than increased (in 19 cases). It is a pity that the different forms of the malady had not been classified, or it might have been found that serous apoplexy, the form we mainly find in diffused kidney lesions, happens especially when the atmospheric pressure is lowered, while in apoplexy due to congestion or in the hemorrhagic form the opposite holds good, and a stroke of paralysis due to embolism will not be in any way related to changes in the atmospheric pressure. But the want of this information shows again the necessity which we have so frequently urged upon our medical confrères of being as accurate as possible in the statement of the cause of death, or death certificates. By such statements being made more accurate, many more valuable facts could be gained for science from statistical tables taken from the records of death-rates.

Pyrogallic Acid in Phagedæna.

From the *Union Medicale*, January 4, 1883, we learn that M. Vidal, Surgeon to the St. Louis, thus concludes a paper which he read at the Académie de Médecine, "On the Treatment of Phagedæna of Simple Chancre by Pyrogallic Acid or Pyrogallol": 1. By destroying the virulence of simple chancre, it arrests phagedænia and rapidly transforms it into an ordinary sore. 2. Only causing very slight pain for some minutes, limiting its caustic action almost exclusively to the diseased tissues, and easy of application to all the invaded parts, pyrogallol, incorporated with an ointment mixed with an inert powder in the proportion of one-fifth, has proved to be the best topical application to simple chancre and phagedænia. 3. It may be applied over large phagedænic ulcerations without danger accruing from its absorption. 4. Although so remarkable in its efficacy in the phagedænia of simple (invading) chancre, it has no special action on the phagedænia of syphilitic ulcerations (tertiary phagedænia).

Micrococcus Puerperalis.

The *Medical Record*, February 3, 1883, says: Recently pathological investigation has pointed very strongly toward the conclusion that a micro-organism is the cause of puerperal septicæmia. We are quite prepared, therefore, for the an-

nouncement that M. Chauveau has isolated this organism, cultivated it, attenuated it, and used the attenuation as a vaccine.

M. Chauveau experimented with rabbits, and states that he produced in them the lesions and symptoms of puerperal fever. His experiments as to the protective power of attenuated virus are not yet completed. But he states that those rabbits which survive the first inoculations are not susceptible to any subsequent attacks, even when virulent virus is injected.

The profession will wait with much interest for the conclusion of Chauveau's experiments.

The Action of Thymol on the Circulation.

The *London Med. Record*, January 15, 1883, says that Dr. Fiori used thymol in fever and apyrexia, with heart sound or diseased, taking observations of the temperature, pulse, respiration, blood-pressure, in doses from $\frac{1}{2}$ gramme to 5 grammes. The observations were taken every quarter of an hour. Sixteen individuals were experimented on. He concludes that thymol produces rapid and considerable fall of temperature and diminution of the frequency of the pulse in fever. In healthy persons also it retards the pulse. In the sphygmographic tracings is seen in most cases a tendency to rounding of the curves, and at the bifurcation of the apex of the curve a greater accentuation of the oscillations of elasticity. With the fall of temperature, the blood-pressure diminishes. Thymol, while it lowers the temperature, has no bad effect on the heart; and can therefore be considered a true antipyretic remedy.

Nephrectomy.

In the *Dublin Jour. of Med. Science* for January, 1883, Mr. Stokes relates another unsuccessful nephrectomy performed by Mr. Francis J. O'Reilly. The right kidney was removed from a patient aged 26, suffering from right kidney symptoms and pus in the urine. A favorable opinion was formed of the ability of the left kidney to take on the action of both. The operation was by the vertical lumbar or post-peritoneal method, and was performed antiseptically. The vomiting and depression manifested during the operation continued, and the girl died in 48 hours.

Purgatives for Hypodermic Use.

The *Boston Med. and Surg. Jour.*, February 3, 1883, says that Dr. A. Hiller, of Berlin (in *Zeitschrift für klin. Med.*, Bd., iv.), reviews the various cathartics that have been recommended for hypodermic use, and concludes that none of them is

at once reliable and free from objections. Aloin is uncertain in its action, and has been given in doses of 0.8 without effect, and citrullin (from the colocynth), cathartinic acid (from senna), elaterin, euonymin, baptisin, etc., are all found to be either ineffective in moderate doses, or to cause great pain and local inflammation. So that the writer concludes that pharmaceutical research is still inadequate for the solution of this problem, which, however, he believes will some time be solved.

Left-Side Pain.

We frequently have patients come to us complaining of pain in the left side, who are otherwise apparently healthy, and we are at a loss to account for the pain. At a recent meeting of the Academy of Medicine, in Ireland, Dr. Wallace Beatty read a paper on this subject, which we read in the *Medical Press and Circular*, January 3, 1883. He considers the pain, in many instances, due to fecal accumulation, and it can be removed by getting rid of the accumulation. The pain is felt over the lower few ribs on the left side, associated with great pain on upward pressure of these ribs, but no pain on downward pressure. He ascribes the pain to the dragging of a loaded colon on the pleuro-colic ligament, setting up extreme irritability of the nerves.

Death from Petroleum by Suffocation.

During the night from September 18 to 19, 1882, twelve young girls died in the institution Cavalier Maggiore in Piedmont the death of suffocation, because they had permitted a kerosene lamp to burn during the night, after they had turned it half down. The flame evidently communicated itself to the fluid in the lamp, and gradually abstracted all oxygen from the room, which fact was the cause of the suffocation. The dead bodies showed all the signs of death by suffocation.

Iodoform for Ascaris Lumbricoides.

The *St. Petersburg Med. Woch.*, December 30, 1882, says that Dr. Schildowsky has employed iodoform successfully in three cases of ascaris, and recommends that a further trial should be given of the remedy. He gives to an adult one grain with ten grains of bicarbonate of soda three times a day, and a quarter of a grain to a child.

Acute Addison's Disease.

Dr. Goodhart, of London, recently presented a dissection of the changes in the abdominal sympathetic and supra-renal capsules in a case of Addison's disease. The patient had died from

sickness, which had been supposed to be merely sea-sickness, as he was not known to have been ill previously. There was no bronzing, and the capsules were very large, and therefore, probably, the disease was quite recent.

Subnitrate of Bismuth for Cancrum Oris.

Dr. C. J. Maguire contributes an article on this subject to the *Medical Record*, February 3, 1883. He has had under his personal care twenty-four cases, of which he has lost four, all before he commenced the use of the bismuth. He gives the drug internally, and considers it a specific for cancrum oris.

To Disguise the Odor of Iodoform.

The *Journal de Therapeutique* says that Dr. Yvon effects the abolition of the smell of iodoform by the very simple procedure of incorporating with it a little essence of roses. Half a drop of the essence removes the odor of sixty grammes of iodoform, the compound retaining that of the essence.

CORRESPONDENCE.

The Personal Experience of an Opium Habitue.

EDS. MED. AND SURG. REPORTER:—

Having had frequent attacks of sick headache, I resorted to various remedies, but without radical relief.

Five years ago I began the use of morphia and atropia hypodermically, with almost immediate success. For two years I used it whenever I experienced a recurrence of my headache, and at the end of this time resorted to it daily. The atropia acting unpleasantly, it was abandoned and the morphia continued, gradually increasing the frequency and amount of the injections, until at the end of three years, I could take with impunity from 12 to 15 grains daily, although my usual quantity was about eight grains per diem. The early effect of my addiction was very agreeable, enabling me to endure more work, mental and physical. But, after increasing the daily quantity above one or two grains, it produced great prostration, and occasionally severe attacks of vomiting, which usually continued from three to six hours.

I made frequent attempts at self-abandonment, but always failed, and I think it almost impossible to secure such a result without assistance.

Finally, after being miserable for nearly three years, I endeavored to seek aid from some one giving special attention to the treatment of this disease, and accordingly consulted a gentleman well known to the readers of this journal, and soon placed myself in his care. To my astonishment I was cured in less than three weeks, the morphia being withdrawn in one week, without any discomfort whatever; and twelve days later, I

returned home without having lost an entire night's rest. It is remarkable that after the nervous system has been accustomed to opium for years, one can be relieved in so short a time by appropriate treatment.

It will give me pleasure to correspond with any medical gentleman who may be in the bondage from which I happily have escaped.

D. W. BASHORE, M. D.

West Fairview, Pa.

Salicylic Acid and Acute Rheumatism.

EDS. MED. AND SURG. REPORTER:—

I had recently under my care a strong man with a syphilitic taint, who came complaining of swelling and excruciating pain in his hand. The skin was brawny, there was a dry, pungent heat, and, indeed, the case presented every evidence of commencing acute inflammatory rheumatism. It had commenced two days before in one finger, had gradually involved the hand, and was commencing to affect the wrist. Knowing that my patient could take medicine well, I gave him twenty grains of salicylic acid (without any excipient, pure and simple) every two hours, until he had taken one hundred and eighty grains. After the second dose, he experienced relief, and when the full quantity was consumed, he needed no more medication, having complete use of his hand within three days. Since some authorities claim that salicylic acid may be dangerous, I would utter a caution against such large doses unless you can have your patient under close observation; though I have now used it in several cases, and have never seen an untoward effect.

Texas.

I. BROWN, M. D.

Large Doses of Copperas.

EDS. MED. AND SURG. REPORTER:—

Two or three weeks ago I was called to see a mother and child who had taken a dose of salts "that had worked the wrong way." On seeing the patients, I learned that during the previous night at 11 p. m., the mother had taken one teaspoonful and a half of copperas (pulverized) instead of salts, which produced violent emesis, with severe pain in her stomach, which disappeared in an hour or two. Not ascribing the reversed action to the "salts," she repeated the dose the following day at 11 a. m., giving her little boy about the same quantity in a hot water solution. The effect in the case of the mother was a repetition of that of the former dose, except that it stimulated her memory to a recollection of the fact that she had taken copperas instead of salts, and that she had mistaken the paper containing the salts. In the case of the little boy the effects were not so slight. It did not act as an emetic, but produced great depression, followed by coma, and at that time, four hours after taking the dose, the patient could only be temporarily aroused. Something had to be done. Not having a chemical antidote at hand, I concluded to give him an emetic dose of ipecac, which produced emesis, followed by return of consciousness. I now gave him milk and eggs with opium, to relieve pain in his stomach. Mother and child made a good recovery in two days.

Cherrytree, Pa.

J. U. BLOSE, M. D.

Lime in Croup—Sulphur in Diphtheria.

EDS. MED. AND SURG. REPORTER:—

In reading a communication from a correspondent in last week's REPORTER in reference to the treatment of croup by lime inhalations, I was reminded of many cases I had treated in this way years ago with marked success. My attention was first called to this mode of treatment by seeing a notice of it in Vol. XIII. of this journal, 1865, page 171. Those that may feel an interest will do well to refer to the above number of the REPORTER. I will quote a few sentences. After stating that a German by the name of M. Kuchenmeister had found that "diphtheritic membranes are rapidly dissolved in lime water," the *British Foreign Medical and Chirurgical Review* says that some pseudo-membranous exudations of considerable extent and thickness were placed in a small glass of lime water, and in the space of from ten to fifteen minutes they disappeared, leaving only a very slight sediment at the bottom of the glass. It having been my lot heretofore to have been called to many cases of croup, many of which had run on rapidly to a fatal termination, I was therefore particularly anxious to find a remedy that would resist the great fatality of this disease. Since adopting the lime inhalation treatment my success has been almost uniform. But the lime inhalations will only answer where the deposit is that of true croup. In the croupous form of diphtheria, or diphtheritic croup, it has no effect whatever, as many trials of it, at different times, have fully satisfied me. But like lime in the treatment of croup, so sulphurous acid and sublimed sulphur seemed to be the most reliable remedies in removing the deposit of diphtheria. Sublimed sulphur, as it comes to us, is always acid, and if we expose it to the air for a time it becomes still more so. This, blown into the fauces, or placed dry upon the tongue, I have seen remove the membrane in a very short time. So it would seem that an acid was indicated in the treatment of diphtheria, while alkali was indicated in the treatment of croup. That the deposit of croup and that of diphtheria are widely different, I am fully satisfied. The croupous form of diphtheria often so simulates true croup that at times a correct diagnosis becomes difficult. But it is very necessary that an early discrimination should be made, as much valuable time may be lost in letting these formidable complaints run on their natural course.

In the spring of 1857, several cases of membranous croup occurred in my circuit. Those that were seen early, it was found that small and repeated doses of calomel was the most reliable remedy, but the case had to be seen early. Two cases proved fatal in one family in the spring of that year. With the assistance of Dr. S., then of Mt. Holly, I removed a section of the trachea of one of these fatal cases. We found the trachea so filled with deposit that a knitting-needle would scarce pass through. The specimen was exhibited at a meeting of our Medical Society, and elicited much interest. It finally passed out of my hands, and I think was placed in the museum of the Jefferson College. None of these cases, I think, had any deposit in the fauces, or above the epiglottis.

WM. L. MARTIN, M. D.

Rancocas, N. J., January 26, 1883.

NEWS AND MISCELLANY.

The Lamson Life Insurance.

The case of Dr. Lamson, whose crime and execution in England we have recorded, has had a queer termination. The murderer had a life insurance of \$5,000, payable to his widow. Immediately after his execution, claim was entered for its payment. The company objected on the ground that the assured had died neither from natural causes, disease, nor unavoidable accident. The estate claimed, however, that though the death was a violent one, it was in no sense like a suicide, which would, of course, have annulled the policy. The assured had certainly not voluntarily delivered himself to the executioner; on the contrary, it could be maintained that he had yielded only with reluctance. The company paid the claim under a formal protest.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, Oct. 1 to Dec. 31, 1882.

Bailhache, P. A., surgeon. Present detail continued until further orders, Oct. 6, 1882. To proceed to Louisville, Ky., as inspector, Oct. 13, 1882. Granted leave of absence for thirty days, Nov. 10, 1882.

Vansant, John, surgeon. Granted leave of absence for twenty days, Nov. 18, 1882.

Hutton, W. H. H., surgeon. To proceed to Louisville, Ky., and assume charge of the service, Oct. 7 and 14, 1882.

Miller, T. W., surgeon. To continue at present station until further orders, Oct. 6, 1882.

Wyman, Walter. To inspect keepers and crews of the Life Saving Service, Oct. 5, 1882.

Long, W. A., surgeon. To proceed to Detroit, Mich., and assume charge of the service, Oct. 7 and 14, 1882.

Murray, R. D., Surgeon. Having returned from service in the yellow fever epidemic in Texas, to report in person to the Surgeon General, M. H. S., Dec. 4, 1882. Granted leave of absence until Feb. 28, 1883, Dec. 19, 1882.

Fessenden, C. S. D., surgeon. To proceed to St. Louis, Mo., and assume charge of the service, Oct. 7, 1882.

Purviance, George, surgeon. To inspect keepers and crews of the Life Saving Service, Oct. 21, 1882.

Sawtelle, H. W., surgeon. To proceed to New York, N. Y., and assume charge of the service, Oct. 7, 1882.

Austin, H. W., surgeon. To inspect keepers and crews of the Life Saving Service, Oct. 5, 1882.

Fisher, J. C., passed assistant surgeon. Present detail continued until further orders, Oct. 6, 1882. To proceed to Alexandria, Va., as inspector, Oct. 21, 1882.

Heath, W. H., passed assistant surgeon. Granted leave of absence for fourteen days, Dec. 28, 1882.

Porter, F. D., passed assistant surgeon. To inspect keepers and crews of the Life Saving Service, Oct. 5, 1882. To proceed to Evansville, Ind., for temporary duty, Nov. 21, 1882. To proceed to Charleston, S. C., and assume charge of the service, Dec. 21, 1882.

O'Connor, F. J., assistant surgeon. To proceed

to Norfolk, Va., for temporary duty, Oct. 14, 1882. To rejoin his station (Detroit), Nov. 4, 1882.

Wheeler, W. A., assistant surgeon. Relieved of duty at Charleston, S. C., and placed on waiting orders, Dec. 22, 1882.

Armstrong, S. T., assistant surgeon. To examine keepers and crews of the Life Saving Service, Oct. 5, 1882.

Bennett, P. H., assistant surgeon. To examine keepers and crews of the Life Saving Service, Oct. 5, 1882.

Ames, R. P. M., assistant surgeon. Granted leave of absence for twenty-one days, Nov. 23, 1882.

Devan, S. C., assistant surgeon. To examine keepers and crews of the Life Saving Service, Oct. 13, 1882. To inspect unserviceable property at the San Francisco Marine Hospital, Oct. 20, 1882.

Kalloch, P. C., assistant surgeon. To inspect keepers and crews of the Life Saving Service, Oct. 5, 1882.

Human Automatism.

In the course of a lecture on this subject by Dr. W. B. Carpenter, published in the *New York Medical Jour.*, February 3, 1883, he relates the following incident:

When Professor of Chemistry at Oxford, Sir Benjamin Brodie was experimenting upon a peculiarly explosive fluid of his own discovery, and was holding a small bottle of this fluid between his eyes and the light. Either through the tremulous motion or the warmth of his hand, the fluid exploded with such violence as to blow to pieces—to dust, in fact—the bottle which contained it; and his first thought was, "I am blinded; this glass has been driven into my eyes, and I shall never see again!" Upon putting his hand to his eyes, however, he found that the glass had gone entirely into the *outside* of his lids, and that his eyes were perfectly safe. Either the flash of light or the explosion (which occurred first I do not know) had called forth an instantaneous respondent muscular movement, which protected his eyes by the closure of his eyelids.

Last Year's Medical Publications.

Messrs. Sampson Low & Co., of London, announce in their *Publisher's Circular* that during 1882 there were 119 new works and 58 new editions of books on medicine and surgery and associated subjects published in England. In the year preceding, the numbers were 108 and 56 respectively. How few are worthy of publication!

The Coldest Town in the World.

The coldest inhabited town in the world is, according to *L'Union Médicale*, not Irkoutsk, as has been formerly believed, but Verchojansk, in Siberia. In this place the mean temperature during the month of January was -43° F., in February, -56° F., in March, -37° . Once the thermometer recorded -81.4° F.

To Powder Boracic Acid.

This acid, which it is very difficult to reduce to powder, may be finely pulverized by the following process: First warm a Wedgwood mortar by pour-

ing into it a little alcohol, and setting fire to it. Then put into the warm mortar the boracic acid, with a few drops of glycerine, when it will be found to be easily reduced to as fine a powder as desired.

The Kentucky State Medical Society.

The Kentucky State Medical Society will meet in Louisville in April, under the presidency of Dr. A. D. Price. Dr. Coleman Rogers is chairman of the Committee of Arrangements.

Longevity of Occupations.

The *Scientific American* states that the longest lived men are merchants, and then in the order named: Weavers, shoemakers, carpenters, blacksmiths, laborers, miners, tailors, bakers, butchers, liquor dealers. The mortality among liquor dealers is so great that in good companies they are admitted with great caution and on short policies. The callings of brewer, it is added, typesetter, tinsmith, lithographer and stonecutter are all unfavorable to longevity. These deductions are made from data found in the office of the Registrar-General of Great Britain.

The Death Rate of Scotland.

The Registrar-General's returns for the week ending with the 23d of December show a great contrast in the respective death rates of Edinburgh and Glasgow. The rate in the former is 21 per 1,000 per annum, and in the latter no less than 37. The average for the chief towns is 28. Our informant, the *Medical Press and Circular*, does not account for this enormous difference. It would be exceedingly interesting, from a sanitary standpoint, to know the causes.

Sanitation in the Fiji Islands.

The Fiji Government has published a special number of a native journal, *Na Mata*, which they issue from time to time, to acquaint the native population with the actual sanitary condition of the islands. During the year 1881 there was an increase of births over deaths of 204. The statistics are of a detailed character. The attention of the natives is called to the excessive mortality which still exists among the children, and much useful advice is given to parents. In districts where this advice has been acted on, the increase in the population has been most striking.

A Movement Against Vivisection.

The report of the Women's Philadelphia Branch of the Society for the Prevention of Cruelty to Animals, read at the annual meeting recently, stated that the movement against vivisection is to take a more tangible form than heretofore. Arrangements are on foot for holding a public meeting in the latter part of February, and for taking at that meeting the initial steps toward the formation of an Anti-Vivisection Society in Philadelphia. Other means will also be considered for the suppression of vivisection, "that deadliest of all cruelties."

Meanwhile, the thousands of sick men and women who could be relieved by an application of

the results obtained by vivisection are to be left to die or suffer the tortures of disease.

This is the class of people who strain at a gnat and swallow a camel.

Deaths by Violence in Russia.

Deaths by violence seem to be very frequent in Russia, the total for the last four years being no less than 164,436, of whom 129,328 were men, and 35,108 women, the proportion of the former to the latter being as 79 to 21. Out of the total of violent deaths, 11,655 were murders, 8,613 suicides, 44,418 sudden deaths, 22,529 were attributed to the effects of drink, 1,270 were due to lightning, 11,251 persons were run over, 3,936 were burnt to death, 3,326 were suffocated, 5,144 were frozen to death, 31,511 were drowned, 364 were devoured by wild animals, and 19,409 were killed in various other ways.

The Philadelphia Hospital.

A Committee on the Medical Board of the Philadelphia Hospital has sent to the Board of Guardians of the Poor an endorsement of the petition to Councils that the Almshouse be removed and the present buildings be devoted entirely to a General Municipal Hospital. The Board is earnestly advised of the importance of drawing a distinction between the sick poor and indigent paupers, and the necessity of providing for contagious diseases other than small-pox within the precincts of such a hospital by the establishment of secluded and remote wards for the reception of persons so afflicted.

Overworked Railway Officials.

The *Lancet* says that overwork of the railway officials seems likely to have been the chief cause of the collision at Cowlares Junction, in Scotland, on the 16th of December. The men in charge of one of the trains had been on duty for seventeen hours and a half; those of the other for nearly seventeen hours. Some means must be found of ensuring that good dividends are not made at the expense of public safety. Let us look to it that we are not making the same mistake.

Fire Escapes.

If the care of health means the preservation of life, then the profession should take an interest in urging the erection of fire escapes to hotels and factories. The recent series of dreadful conflagrations in such buildings, offers emphatic examples of the pressing need for such avenues of exit.

It is hard fate enough to have to endure the cookery of the average hotel, without incurring the added danger of being cooked one's self.

The Cholera in Mexico.

The Government organ of the Mexican State of Chiapas publishes a long article on the choleraic disease which has ravaged that State, and has not yet disappeared. The General Government is asked for assistance, want and misery being prevalent where the epidemic raged. Sanitary cordons confined the disease to the hot region. It is said that "Whole families died in a single night. On some plantations there are only three or four

people left alive. Many bodies have been devoured by the dogs, because those who were stricken were at once abandoned. The town of Tuxtla had 8,000 inhabitants, 600 of whom are dead. Of the 6,000 in Tonalá, upwards of 1,000 are dead. The town of Chiapas suffered most severely, twenty to thirty persons dying daily."

Personals.

—It is said that the death of Mr. Critchett, the eminent English oculist, was hastened by remorse for a grave mistake made by him in an operation.

—Dr. H. Helmholtz has been raised to the rank of Baron, on account of his great services to physiology.

—Dr. F. Pierce, of Worcester, Mass., was recently arrested for treating erysipelas by local application of kerosene, thus causing "blisters and horrible suffering." They must have queer kerosene in Massachusetts; it don't blister down this way.

—A negro who is alleged to be 138 years old lives in Warren county, Miss. We have observed that such extraordinary age is attained only by Indians, peasants, or negroes, whose birth-date is unknown.

Items.

—A woman 102 years old, a native of Rhode Island, died recently in Providence.

—Medicine is radically a sacred profession and connected with the highest priesthoods, or rather itself the acme and outcome of all priesthoods and divinest conquests of intellect here below—*Carlyle*.

—In storms of controversy there is nothing to be found but the billow that moves to mischief and the foam that disappears.—*Puget*.

—A large lunatic asylum has recently been erected at Bayreuth.

—The difference between a druggist and a farm laborer is that one is a pharmacist, while the other is a farm-assist.

—For the first three weeks of the present year the death rate of Providence, R. I., showed an increase over last year.

—A servant girl in Trenton, N. J., recently died from a dose of oil of tansy, taken probably to produce abortion. Post-mortem examination showed that she was not pregnant.

—Medical professor to raw student: "Where is the glottis?" "I don't know, sir. I think you put it on the shelf in the dissecting room with the rest of your surgical instruments."

—The *Official Messenger* publishes a decision of the Medical Council of St. Petersburg, condemning the homeopathic remedy for diphtheria, which has lately been tried there in the hospitals of the Red Cross Society, as false and dangerous.

—The Trustees of the Butler Hospital for the Insane, at Providence, intend to raise a beneficiary fund of \$150,000. One lady of Providence has offered \$50,000, and others have added \$25,000.

—For the year 1883 the Academy of Medicine, Paris, offers seventeen prizes, the total amount of money being over 60,000 francs. The largest prize is one of 25,000 francs (\$5,000), which will be given to any one who, in the judgment of the Academy, has found a remedy against diphtheria.

—Four clergymen, one Roman Catholic and the others Episcopal, have been arrested at Fort Smith, Ark., for violating a proclamation of the Mayor closing the churches and public schools and prohibiting public assemblages, on account of the prevalence of scarlet fever in the city. They were held in bail for trial.

—"What on earth makes you announce that you extract teeth without pain? Didn't I hear every patient you had up here yell?"

"You did, sir," replied the peripatetic dentist, "but those were shrieks of joy which they uttered, sir! They were so delighted, sir, at being painlessly relieved, that they could not restrain their enthusiasm!"

—The question of nationality has at last found its way into medicine. The French doctors in Nice are up in arms against their English and other foreign brethren established in that favored health resort. A general meeting of the former body has been held, at which protests were entered against the manner in which alien practitioners monopolize the most lucrative practice. Amongst other points which were urged, it was stated that many of the intruders are not qualified French physicians, and consequently have no right to practice anywhere in France.

Corrections.

Line 13, page 117, February 3, 1883, *defects* should have the place of *objects*.

The last paragraph in the article should have been made a foot-note to the sentence ending with the fifteenth line on page 119.

QUERIES AND REPLIES.

J. E. F., Jan. 13th last, will probably cure his patient of urticaria (hives), by prescribing 40-grain doses, four to six hours apart, of *sulphite of soda*. At all events, I have lately succeeded, in an intractable case, with this remedy.

J. H. T.

MARRIAGES.

HARRY—LONGAKER.—At the residence of the bride, in Norristown, by the Rev. A. J. Weddell, on the 31st of January, Dr. C. Howard Harry and Miss Lizzie Longaker, both of Norristown, Pa.

THOMPSON—ORR.—In North Stratford, Vt., January 20, Dr. Charles E. Thompson and Lina Orr, of North Stratford.

TOMPKINS—SLACK.—In this city, February 5th, 1883, by Rev. Wm. H. Neilson, Dr. L. Douglass Tompkins, of Hartlingen, N. J., to Miss Emma A. Slack, of this city.

WEDGWOOD—BOWERS.—In W. Baldwin, Mass., October 31, by Rev. H. Chase, John T. Wedgwood, M. D., and Miss Fannie E. Bowers, of Baldwin.

DEATH.

MERRILL.—In Cincinnati, Ohio, February 1, Dr. Joseph Merrill, in the 58th year of his age.